Integrated Primary Care Toolkit

Caring for all of you...

TRI-COUNTY MENTAL HEALTH SERVICES
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Section 1:

Our Journey
Dear Colleague:

What an exciting time to be a healthcare provider as we move to more integrated and holistic care that will bring whole health and wellness together, with “no wrong door” for those who are seeking care.

There has been national support and encouragement for integrated care (combining primary medical care and behavioral health systems) and a significant focus on service redesign. It’s a systematic attempt to deliver efficient, cost-effective, multidisciplinary treatment that is patient/consumer centric and outcomes driven. Our goal should be to reach the summit and achieve the triple aim of healthcare reform:

- Improve the health of the population
- Enhance patient experience of care
- Reduce or at least control per capita cost of care

Current practice and funding streams make it difficult, if not impossible, for medical/behavioral health providers to collaborate in an effective manner. In spite of that, we must work toward reunification of mind and body, bringing our collective expertise to an integrated planning process, and anticipate that regulation and funding will follow our efforts.

As you begin your journey toward integration, I encourage you to consider the following imperatives for a clinically and fiscally successful project:

- Executive leadership must understand and support the initiative! Leaders must agree to a contract with “shared risk” so that all players are fully engaged and committed to success of the project.
- Project leaders must have a shared vision and enough passion around that vision to make it happen.
- Identify and encourage your milieu champions early in the process (physician, nurse, billing specialist, consumer voice, behavioral health clinician, etc.). These individuals will champion the project from their respective lens of expertise, and their early involvement will ensure full buy-in of project imperatives.
- Complete a needs assessment and understand the baseline needs of the patients/consumers and providers.
- Have consumer input at all levels of your project (ie. planning and implementation.)
- Utilize small tests of change (PDSAs) and establish metrics to demonstrate results.
- Create an environment that encourages open feedback…and solicit it!
- Do have a billing “guru” and develop project cost models before you begin service delivery. Having a plan for fiscal sustainability will allow the clinical work to move forward unimpeded.
- Suspend disbelief…all things are possible when we work together!

It is my great hope that you will find this toolkit of some benefit to your project planning. The content was designed to be user friendly and easy to implement. I look forward to increased opportunities to share the wealth of lessons we have learned, and welcome your direct questions and feedback.

My Best Regards,

Catherine

Catherine R. Ryder, LCPC, ACS
Executive Director/TCMHS
A Journey to Integrated Primary Behavioral Healthcare in Maine

Catherine Ryder, Executive Director
Tri-County Mental Health Service
12/31/2012

“Special Thanks” to Maine Health Access Foundation for funding Our grant projects

$230,000/3 years in Bridgton
$300,000/3 years in Rumford
Both sites are part of the CMHC family

Four Years of Integration
Caring for all of you...

Rumford Hospital Primary Care includes
❖ Swift River Health Care,
❖ River Valley Internal Medicine
❖ Elsemore Dixfield Center

Serving more than 8,900 patients each year with 44,000 visits
Part of Rumford Hospital and the Central Maine Medical Family

Caring for All of You
Introducing Integrated Primary Care

Services will be available at
❖ Naples Family Practice
❖ North Bridgton Family Practice
❖ Fryeburg Family Medicine
❖ Bridgton Internal Medicine
❖ Bridgton Pediatrics

Proudly serving over 12,000 lives in the Greater Bridgton communities!

This project is funded by the Maine Health Access Foundation

Environmental Scan

We live in an environment which requires increased efficiency as well as excellence in service. The Triple Aim will inform our practice decisions:
❖ Improve the health of the population
❖ Enhance patient experience of care
❖ Reduce or at least control per capita cost of care

Why Integrate Care?
❖ Patient Driven
❖ Reduces Stigma
❖ Increases Access
❖ Provider Satisfaction – Team Based
❖ Holistic - most patients present their concerns as both biological and psychological
❖ Lower cost of services
❖ A creative, integrated approach to medical/behavioral, mind/body connection
❖ Shared Electronic Medical Record & Reduced Paperwork

Integrated Primary Care Toolkit
Integrated Primary Care Toolkit

Categories of Collaborative Relationships

- Coordinated – Behavioral health services are accessed by referral, but exist in separate locations
- Co-located – Services are provided as part of the medical tx at the medical care facility
- Integrated – Services are provided as part of the medical tx at the medical care location and all components exist within one integrated tx plan

Service Population

- Population Specific – Defines the population to be served by disease or presenting concern and can be geared to specific needs
- Non-Specific – Any patient requesting or referred for service, addresses any and all needs of the practice

ACEs & Trauma Informed

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and health and well-being later in life. A collaboration between the CDC’s Division of Violence Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego, ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death, as well as poor quality of life in the US.

Major Findings

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal Death
- Health-related quality of life
- Illicit Drug Use
- Ischemic heart disease (IHD)
- Liver Disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

ACEs & Trauma Informed

The ACE Study uses the ACE Score, which is a count of the total number of ACE respondents reported. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal Death
- Health-related quality of life
- Illicit Drug Use
- Ischemic heart disease (IHD)
- Liver Disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Must Do’s for Integration

1. Project leaders must have a shared vision and enough passion around that vision to make it happen
2. Executive leadership must understand and support the initiative (they have the ability to move the boulders)
3. Leaders must agree to a contract with “shared risk”
4. Identify your milieu champions early in the process (Physician, nurse, billing specialist, others)
5. Complete a needs assessment so you know the baseline needs of your patients and providers
6. Have consumer input at all levels of your project (ie. planning and implementation)
7. Utilize small tests of change (PDSAs) and establish metrics to demonstrate results
8. Create an environment that encourages open feedback and then solicit it
9. Do have a billing “guru” and develop project cost models before you begin service delivery
10. Integrate record keeping whenever possible
11. Suspend disbelief…all things are possible when we work together
12. Trauma-informed service delivery.
Our Program Design

- A contract model with staff fully accredited to the primary care sites with an IT access agreement in place
- Full-time embedded behavioral health clinicians
- Training, supervision, consultation & resources provided by community mental health center
- Warm hand-offs and referrals seen within one to three days
- Physician/ Psychiatrist consultation model
- Psychiatric consultation and brief treatment via telepsychiatry
- Brief, solution-oriented treatment model
- Shared electronic health record
  - Shared treatment planning & contiguous progress noting
- Active community engagement & education component

What’s Under the Umbrella for Patients?

- Patient completes a visit with their PCP who may offer a referral to their “colleague” the behavioral health specialist
- Patients were asked to complete a health risk screening when they arrive at their PCP’s office (this to be an annual screening)
- Brief solution-oriented treatment model (1-120 days), with some case management if needed
- Warm hand-offs!

Community Education

- Veteran’s Issues (including TBI)
- Community Inclusion
- Diabetes
- Smoking Cessation
- Childhood Obesity
- Substance Abuse
- Agoraphobia
- Grief & Loss/Hospice Care
- Trauma & ACEs
- Alzheimer’s Disease
- PTSD

What will we measure?

- Improved access to service
- Clinical outcomes
- Improved adherence to treatment
- Patient satisfaction
- Provider satisfaction
- Cost-effectiveness

Program Outcomes

- Increased patient/provider satisfaction
- Improved clinical outcomes for patients
- Cost offsets for care at lower level of acuity
- Reduced ED visits (per primary care provider report)
- Decreased wait times
- Reduced stigma
- Enhanced patient voice & choice
- Increased awareness & community inclusion

Clinical Outcomes

- Shorter treatment duration (over 80% complete in fewer than nine sessions)
- Improved patient status from baseline to discharge (utilizing PHQ-9, GAD-7, CAGE & PSC)
- Immediate access if needed with warm hand-offs
- Reduced use of emergency services
Length of Treatment

- 1-2 sessions: 38%
- 3-6 sessions: 34%
- 7-9 sessions: 9%
- 9+ or more sessions up to 120 days: 19%

Financial Outcomes

- Increased efficiencies
- Cost savings by shorter treatment episodes
- Cost offset by less ER usage
- Increased PCP productive time

Primary Care Provider Survey Response

N=12

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your experience does co-location of primary care and behavioral health providers reduce the time you need to spend with a patient on mental/substance abuse issues?</td>
<td>75.0%</td>
<td>8.0%</td>
<td>17.0%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Primary Care Provider Survey Response

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an increase in collaboration/continuity of care between the health care provider and the behavioral health provider?</td>
<td>84.0%</td>
<td>8.0%</td>
<td>8.0%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Primary Care Provider Survey Response

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a higher level of patient adherence and retention in treatment as a result of Integrated Care?</td>
<td>75.0%</td>
<td></td>
<td>17.0%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Primary Care Provider Survey Response

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has co-location of primary care/behavioral health providers reduced the number of referrals to emergency departments for evaluation due to mental health/substance abuse presentations?</td>
<td>75.0%</td>
<td>8.5%</td>
<td>8.5%</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Primary Care Provider Survey Response

Has Integration improved patient’s access to behavioral health services?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>75.0%</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
<td>8.5%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>16.5%</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Primary Care Provider Survey Response

In your experience are patients more likely to follow through with referral to mental health/substance abuse services when those services are provided within the primary care clinic?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>92.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>8.0%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Primary Care Provider Survey Response

Is it your experience that patients are satisfied with the integrated model of care?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>92.0%</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
<td>8.0%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Primary Care Provider Survey Response

Is it your experience that full access and data entry into the Electronic Health Record by all providers improves patient care?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>100.0%</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Q&A
Prior to Implementation:

Integrated Primary Care - Provider Baseline Survey

Primary Care Provider Survey

Please take a moment and respond to the following questions. This will help us to assess what type of model will best fit your practice. Feel free to add comments or other feedback.

1. Which location do you practice out of? (List Practice Site/s)
   - Site 1
   - Site 2
   - Site 3

2. What percentage of your patients present with significant untreated behavioral health needs?
   - a. Less than 10%
   - b. 10-25%
   - c. 25-50%
   - d. 50% or more
   - e. N/A
   - Other (please specify):

3. What are the current barriers you experience in attempting to access behavioral health treatment for your patients?
   - a. Extended wait lists in the community
   - b. Patients not interested in referral to behavioral health provider
   - c. Patients do not keep scheduled appointments with behavioral health provider and then reschedule with PCP on an "urgent" basis
   - d. Other (please specify):

4. Do you experience a large volume of "unkept appointments" with patients who present with behavioral health needs?
   - a. Yes
   - b. No
   - c. Uncertain
   - Other (please specify):

5. Would your practice benefit from the addition of behavioral health treatment, psychiatric consultation, or both?
   - a. Behavioral Health Treatment
   - b. Psychiatric Consultation
   - c. Both
   - Other (please specify):

6. What is the primary funding stream for the patients you serve?
   - a. MaineCare
   - b. Medicare
   - c. Private Insurance
   - d. Self-pay
   - e. Charity care
   - Other (please specify)
7. What patient presenting concerns do you serve that would benefit from integration with behavioral health providers?
   - a. Depressive disorders
   - b. Anxiety disorders
   - c. Substance use/abuse disorders
   - d. Somatization
   - e. Sub-threshold disorders
   - f. Bipolar
   - g. Parenting concerns
   - h. ADD/ADHD
   - i. Developmental Problems
   - j. Conduct disorder/Aggression
   - k. Adjustment disorders
   - l. Grief reactions
   - Other (please specify):

8. Would you be open to training and consultation on building a fully integrated trauma-informed model of care?
   - a. Yes
   - b. No
   - c. Maybe
   - d. No opinion
   - Other (please specify):

9. Which type(s) of providers are you most interested in collaborating with?
   - a. Psychiatric Staff
   - b. Licensed Clinicians (social workers and counselors)
   - c. Case Managers
   - d. Peer Supports
   - Other (please specify):

10. What kind of outcomes would you hope for from an Integrated Primary Care Collaborative?

11. Please describe the population you currently serve in terms of age and culture.

Thank you for your feedback!
Please take a moment and respond to the following questions. This will help us to assess what type of model will best fit your practice. Feel free to add comments or other feedback.

1) What percentage of your patients present with significant untreated behavioral health needs?
   a. Less than 10%
   b. 10-25%
   c. 25-50%
   d. 50% or more
   e. N/A

2) What are the current barriers you experience in attempting to access behavioral health tx for your patients?
   a. Extended wait lists in the community
   b. Patients not interested in referral to behavioral health provider
   c. Patients do not keep scheduled appointments with behavioral health provider and then reschedule with PCP on an “urgent” basis
   d. Other
   Most providers don’t take MaineCare.
   Insurance issues – getting to a Mental Health Provider
   No one to refer people to depending on the presumed diagnoses

3.) Do you experience a large volume of “unkept appointments” with patients who present with behavioral health needs?
   a. Yes
   b. No
   c. Uncertain
   Total providers responding – 6
   4 – Yes
   1 – No
   1 – Some

4.) Would your practice benefit from the addition of behavioral health treatment, consultation, or both?
   a. Behavioral Health Treatment
   b. Consultation
   c. Both

5.) What is the primary funding stream for the patients you serve?
   a. MaineCare
   b. Medicare
   c. Private Insurance
   d. Self-pay
   e. Charity care
   Majority of answers were A.
6.) What population of patients do you serve that would benefit from integration with behavioral health providers?
   a. Depressive disorders
   b. Anxiety disorders
   c. SA disorders
   d. Somatization
   e. Subthreshold disorders
   f. Bipolar (one wrote Bipolar that are refractory to Meds I have already tried.)

Pediatric Behavioral and Developmental Problems

6 cont.) What population of patients do you serve that would benefit from integration with behavioral health providers?

Other Physician Responses:
   a) Parenting
   b) ADHD
   c) Developmental Problems
   d) ODD
   e) Conduct disorder
   f) Aggression
   g) Adjustment disorders
   h) Grief reactions

7.) Which model of collaboration are you most interested in?
   a. Coordinated
   b. Co-located
   c. Integrated
   d. Other

One provider wrote, Ideally psyched on site rotating between offices; if not possible, then readily accessible referral to both adult and peds psyche (with Psychiatrists we can actually reach)

One provider wrote, Any and all assistance appreciated, favor B.

One provider wrote, It would be great to be able to provide services in the office.

8.) Which type(s) of providers are you most interested in collaborating with?
   a. Psychiatric Staff
   b. Licensed Clinicians
   c. Case Managers
   d. Psychologists

One provider wrote, Psychiatric staff and anyone qualified for parenting/support groups, etc.

One provider wrote, Ideally all of the above, licensed clinicians would probably be used most frequently, but would be very helpful to have occasional Psychiatric Staff (e.g. 2 – 4 times/month).

One provider wrote, For assistance with medication management, for assistance with diagnoses.

One provider wrote, Anyone who will do it.
9.) What kind of outcomes would you expect from an Integrated Primary Care Collaborative?

One provider wrote, More thorough and efficient Psych care for a large population of our community.
One provider wrote, Improved access to Behavioral Health Care.
One provider wrote, Outcomes are difficult to measure in a diverse patient population with individual problems and needs.
One provider wrote, Improved access for Mental Health Services. Improved communication between Mental Health and Primary Care Providers with resulting decreased need for crisis services, improved school performance, and decreased family stress and disruption.
One provider wrote, Coordination of Psychiatric services, Ease of referral for counseling, seamless perhaps a counselor in our facility one day/week or month.
Section 2:

Sample Contracts
AGREEMENT FOR
CLINICAL SOCIAL WORK SERVICES

THIS AGREEMENT is made as of this ____ day of _____, 2012, by and between A NAME OF HOSPITAL/PC SITE, a non-profit corporation organized under the laws of the State of Maine (“Hospital/PC Site”) and NAME OF AGENCY, a non-profit corporation organized under the laws of the State of Maine (“Agency”).

WHEREAS, (“Agency”) is the lead organization, that seeks to integrate behavioral healthcare services into a primary care setting(s);

WHEREAS, the (“Hospital/PC Site”) is the collaborating organization and provides outpatient primary care services; and

WHEREAS, as a result “Agency” shall provide one (#) licensed clinical social worker(s) (“Clinician”) to (“Hospital/PC Site”) for the provision of behavioral healthcare services;

NOW, THEREFORE, in consideration of the mutual promises of the parties hereinafter set forth, and intending to be legally bound hereby, it is agreed as follows:

I. Duties of (“AGENCY”).

1. Clinician is an employee of (“Agency”). (“Agency”) will provide Clinician to (“Hospital/PC Site”) for the provision of behavioral health services as may be more fully described in Exhibit A attached hereto and incorporated herein (“Services”) to patients of Hospital.

2. Clinician will work 40 hours per week. Clinician will provide Services solely at the (“Hospital/PC Site”).

3. (“Agency”) will compensate Clinician on a bi-weekly basis. Compensation will equal the actual base pay plus thirty percent (30%) to cover payroll taxes and benefits. The actual base pay will be (Dollar Amount per hour). The bi-weekly pay plus the 30% equals (Dollar Amount). Any change to the actual base pay amount will be mutually agreed upon by the parties.

4. (“Agency”) will invoice Hospital monthly for reimbursement of Clinician compensation.

5. (“Agency”) certifies the following:

   A. Clinician holds a current, valid license in Clinical Social Work from the State of Maine. (“Agency”) agrees to provide (“Hospital/PC Site”) with a copy of said license prior to execution of this Agreement.
B. Clinician has no pending or prior investigations, judgments, lawsuits, or adverse claims on record from any professional licensing/certification/registration board, and has not been denied application for licensure.

C. Clinician has not engaged in criminal activity, has not had any criminal convictions for a minimum of the previous seven (7) years, nor is a registered sex offender. Clinician will complete (“Hospital/PC Site”)’s background check and reimburse (“Hospital/PC Site”) for the cost of the check.

D. (“Agency”) will provide documentation of Clinician’s current immunizations for Mumps, Measles, Rubella, and PPD/TB Skin Testing prior to execution of this Agreement.

F. (“Agency”) will provide documentation of Clinician’s successful completion of training in Fire Safety and Blood Borne Pathogens prior to execution of this Agreement.

6. (“Agency”) shall purchase for, or cause its Clinician to carry, malpractice and liability insurance with limits of at least one million ($1,000,000) for each claim and three million ($3,000,000) in aggregate for the policy year. (“Hospital/PC Site”) shall be named as an Additional Insured. If coverage is claims based (“Agency”) agrees to maintain claims based coverage for three (3) years following the expiration or termination of this Agreement for any reason. (“Agency”) shall provide to Hospital a current certificate of insurance prior to execution of this Agreement and as policies are renewed/changed.

II. **Duties of Hospital.**

1. Provider will not bill, collect, retain, or be reimbursed fees for any services, including but not limited to, professional Services or facility use fees. (“Hospital/PC Site”) shall establish the amount to be charged patients for all Services. (“Hospital/PC Site”) shall have sole right to bill, collect, and retain any and all fees for Services provided.

2. (“Hospital/PC Site”) will pay all undisputed invoices from (“Agency”) within thirty (30) days of receipt.

3. (“Hospital/PC Site”) shall provide the space, equipment and supplies reasonably necessary for the provision of Services.

4. (“Hospital/PC Site”) reserves the right to refuse the Services of Clinicians at any time for any reason.

5. Effective __________ (date)________ the ("Hospital/PC Site") shall pay the ("Agency") an hourly rate of ( $$) for Services provided by Clinicians at ("Hospital/PC Site") clinics. This hourly rate will incorporate all agency related costs including recruitment, training, and supervision.
III. Term and Termination

1. Term. This Agreement shall be for an initial term of one (1) year beginning on Date . This Agreement will terminate on Date . (“Hospital/PC Site”) may immediately terminate this Agreement if (“Hospital/PC Site”) deems Clinician is any way a danger to patients, staff, the general public, or themselves.

2. Termination by Agreement. In the event (“Hospital/PC Site”) and (“Agency”) shall mutually agree, this Agreement may be terminated on the terms and at the date agreed to by the parties.

3. Termination by Notice. This Agreement may be terminated by either party, with or without cause, by giving not less than forty five (45) days written notice to the other party specifying the date of termination.

4. Termination upon Default. In the event of a material breach by one party, the non-breaching party may at any time after thirty (30) days following written notice of the breach, terminate this Agreement by further written notice of termination; provided, however, that if the breaching party, prior to receipt of the final notice of termination, has cured the breach, this Agreement shall remain in effect, and the non-breaching party shall be limited to damages and specific performance as its exclusive remedies.

5. Excuse of Non-Performance of Breach. Neither party shall be liable or be deemed in breach of this Agreement for failure or delay of performance which results, directly or indirectly, from acts of God, civil or military authority, public disturbance, accidents, fires or other casualty, strikes or other work interruptions, or any other cause beyond the reasonable control of either party.

V. General Terms and Conditions

1. Status of Clinician. The parties acknowledge that Clinician shall not be construed as an employee of (“Hospital/PC Site”) and that the relationship of Clinician to (“Hospital/PC Site”) is that of independent contractor. Therefore Clinician shall not be entitled to any rights or benefits, whether present or future, under any retirement plan of (“Hospital/PC Site”); or the payment by (“Hospital/PC Site”) of social security taxes, workers compensation premiums, unemployment insurance premiums, overtime or other compensation, and other employee benefits, including withholding of federal or state income taxes. (“Agency”) shall be responsible for procuring liability insurance and all federal and state taxes, including but not limited to FICA.

2. Relationship of the Parties. This Agreement is not intended to create a joint venture or partnership and the relationships of the parties are those of independent contractors.

3. Compliance with Hospital Bylaws. (“Agency”) will ensure that this Agreement and the Services provided are in accordance with (“Hospital/PC Site”) medical staff bylaws.

4. Assignment Prohibited. No assignment of this Agreement or the rights or obligations hereunder shall be valid without the specific written consent of both parties hereto.
5. **Indemnification.** Each party agrees that it shall indemnify and hold harmless the other party from and against all pending or threatened claims, demands, actions, suits and expenses (including reasonable attorneys' fees) brought by third parties ("Claims"), including without limitation all Claims relating to a disclosure of confidential information, arising from the negligent act or omission or willful misconduct of the party, its officers, employees, contractors, or agents, provided that the indemnity hereunder shall not be applicable to the extent such Claims are caused wholly by the negligent act or omission or willful misconduct of the other party.

6. **Access Provision.** Until the expiration of four years after the furnishing of the services provided under this contract, ("Agency") will make available to the Secretary, U.S. Department of Health and Human Services, and the U.S. Comptroller General, and their representatives, this contract and all books, documents, and records necessary to certify the nature and extent of the costs of those services. If ("Agency") carries out the duties of the contract through a subcontract worth $10,000 or more over a 12-month period with a related organization, the subcontract will also contain an access clause to permit access by the Secretary, U.S. Department of Health and Human Services, and the U.S. Comptroller General, and their representatives to the related organization’s books and records.

7. **Confidentiality.** The parties acknowledge that in carrying out their obligations under this Agreement they may have reason to access medical records and individually identifiable patient information maintained by ("Hospital/PC Site") ("Patient Information"). The parties agree to comply with all applicable statutes, regulations, rules, ordinances, guidelines and directives of federal, state, and other governmental and regulatory bodies having jurisdiction over the parties that govern the privacy and confidentiality of the content of Patient Information, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Joint Commission, Occupational Safety and Health Administration ("OSHA"), and all laws of the State of Maine.

8. **Severability.** It is understood and agreed by the parties that each provision of this Agreement is severable from and valid and binding regardless of the validity or invalidity of any other clause or clauses of this Agreement.

9. **Obligations Binding.** ("Agency") obligations under this Agreement are binding upon ("Agency") successors and assigns.

10. **Debarment.** Each party warrants that neither it, nor any of its subcontractors, employees, officers, or owners, is debarred, excluded, or otherwise ineligible for Medicare or other federal program participation.

11. **Governing Law.** This Agreement and all transactions occurring or contemplated hereunder shall be governed by and construed in accordance with the laws of the State of Maine.

12. **Jurisdiction and Venue.** Parties agree and acknowledge that any action based upon or arising in any way from this Agreement or any transaction contemplated or occurring hereunder must be brought in the Superior or District Court in Androscoggin County, Maine.

13. **Entire Agreement.** This is the entire agreement between the parties relating to these matters, and it supersedes and replaces any prior written or oral agreement between these parties, as to these matters, and may be amended only by a written agreement signed by both parties.
IN WITNESS WHEREOF, ("Hospital/PC Site") and ("Agency") have caused this Agreement to be executed by their duly authorized officers on the day and year first above written.

NAME OF AGENCY

By: ________________________________    Date: ________________

Name/Title: __________________________

NAME OF HOSPITAL / PRIMARY CARE SITE

By: ________________________________    Date: ________________

Name/Title: __________________________
NAME OF HOSPITAL /PC SITE
INFORMATION TECHNOLOGY SYSTEM / INFRASTRUCTURE
ACCESS AGREEMENT

THIS AGREEMENT ("Agreement") is made effective this ___ day of ___, 2012 ("Effective Date") by and NAME OF AGENCY, with its principal place of business located at ___________________________________ ("the Group") and NAME OF HOSPITAL/PC SITE ("Hospital/PC Site"), a Maine non-profit corporation located at __________________________, including its subsidiary corporations as listed on Exhibit A attached hereto.

WHEREAS, in collaboration with NAME OF HOSPITAL/PC SITE and NAME OF HEALTH CLINIC, affiliates of ("Hospital/PC Site"), the Group desires to integrate health services by utilizing centralized patient records maintained on the NAME OF SOFTWARE APPLICATION accessed by NAME OF HOSPITAL/PC SITE network ("Services"); and

WHEREAS, the Group has the need to access ("Access") NAME OF HOSPITAL/PC SITE Information Technology infrastructure and its computer applications, ("Systems") to facilitate in the provision of Services; and

NOW, THEREFORE, IN CONSIDERATION OF the mutual covenants contained herein, the parties hereto agree as follows:

1. Access to Systems

NAME OF HOSPITAL/PC SITE shall provide the Group Access to the Systems as it deems necessary (see Exhibit B) for the sole purpose of providing treatment to NAME OF HOSPITAL/PC SITE’s patients. Access to Systems, reports, and/or images shall be limited to the Group’s employees or physicians for the following purposes in accordance with applicable state and federal laws and regulations and NAME OF HOSPITAL/PC SITE policies and practices: (i) providing health care to the patient or coordinating such care with other health care providers; (ii) billing and filing claims for reimbursement for care delivered to the patient; (iii) conducting scientific or statistical research, management or financial audits for care delivered to the patient; and (iv) conducting quality assurance, utilization review or peer review activities.

NAME OF HOSPITAL/PC SITE does not warrant or make any representations that the Group’s Access to Systems will be uninterrupted or error free and such Access may be impaired during any period in which the Systems are experiencing technical problems. Recovery from prolonged downtime can affect NAME OF HOSPITAL/PC SITE ability to provide Access to Systems and records may not be available via Access to Systems if downtime is due to a severe corruption of the Systems. In such instances, the Group shall hold harmless NAME OF HOSPITAL/PC SITE for nonperformance under the terms of this Agreement. Within the limits of its available resources, NAME OF HOSPITAL/PC SITE shall restore Access to Systems as soon as reasonably practicable.

2. Secure Access

A. Authorized Users. Individuals seeking Access must be approved by NAME OF HOSPITAL/PC SITE before Access is granted ("Authorized User"). The identities of the Group’s members, employees, contractors, agents, or other representatives seeking Access shall be
provided to NAME OF HOSPITAL/PC SITE. Authorization is specific to the individual to whom it is issued to. Access shall be limited to those Authorized Users whose job duties require Access and who meet such other qualifications as NAME OF HOSPITAL/PC SITE may develop from time to time. The Group assumes sole responsibility for the security of Access issued to each Authorized User. The Group shall notify NAME OF HOSPITAL/PC SITE immediately in the event that any of the Authorized Users: (i) change job duties; (ii) takes a leave of absence for a period longer than thirty (30) days; (iii) undergoes a suspension or termination of medical staff privileges; or (iv) terminates its relationship with the Group. The Group shall not permit any third party Access to, or use of, Systems and software applications used for or on the Systems without prior written authorization of NAME OF HOSPITAL/PC SITE.

B. Provision of Passwords. NAME OF HOSPITAL/PC SITE shall provide the Systems’ network or application codes as required by NAME OF HOSPITAL/PC SITE, and initial passwords ("Passwords") for each of the Group’s Authorized Users. The Group understands that Passwords shall expire on a periodic basis and upon request; each Authorized User shall be responsible for supplying new, confidential Passwords to continue Access to Systems. All Passwords shall meet standards for length and content which NAME OF HOSPITAL/PC SITE may require from time to time. The Group agrees to inform all Authorized Users that all Passwords are confidential and shall not be disclosed to any third party including other Authorized Users. Authorized Users shall be held accountable in all actions taken as a result of their use of their Passwords. The Group agrees to notify NAME OF HOSPITAL/PC SITE immediately in the event that the Group becomes aware of any breach or suspected breach of Passwords.

C. Confidentiality Statement. Authorized Users shall execute confidentiality statements for Passwords issued, a copy of which is attached hereto as Exhibit B. The Group shall provide an executed confidentiality statement for each Authorized User to NAME OF HOSPITAL/PC SITE prior to receipt of Passwords.

D. Right to Revoke. NAME OF HOSPITAL/PC SITE shall have the right to suspend or revoke Passwords without notice in the event of any breach or suspected breach of the terms of this Agreement by the Group. NAME OF HOSPITAL/PC SITE shall subsequently notify the Group in writing within ten (10) business days of any such suspension or revocation.

E. Computer, Network and Data Security. The Group agrees to take appropriate administrative, physical and technological safeguards, including without limitation installation and maintenance of a firewall, to prevent the unauthorized use of the Systems. The Group shall cooperate with NAME OF HOSPITAL/PC SITE in the development and implementation of computer security policies, management controls and technical safeguards for computer, data and network security and shall comply with the same as may be modified by NAME OF HOSPITAL/PC SITE from time to time. In the event that the Group discovers or reasonably suspects unauthorized use of or Access to the Systems, the Group shall immediately notify NAME OF HOSPITAL/PC SITE in writing. During the term of this Agreement, NAME OF HOSPITAL/PC SITE shall have the right to conduct unannounced audits of the Groups use of the Systems, on a periodic basis including on site visits during regular business hours to monitor appropriate use of same and compliance with the obligations stated herein. In the event that NAME OF HOSPITAL/PC SITE discovers unauthorized use of Systems, then the Group shall cooperate with NAME OF HOSPITAL/PC SITE to take all necessary and appropriate steps to identify the source of and remedy such unauthorized Access. NAME OF HOSPITAL/PC SITE shall immediately notify the Group in writing of any known security breach involving the Group’s patient data.
3. **Limited Software Support**

In the event that the Group experiences malfunctions in accessing Systems, the Group shall first attempt to identify and resolve the problem through their internal support infrastructure. If after troubleshooting the Group determines that the malfunction is attributable to NAME OF HOSPITAL/PC SITE provided software the Group may contact NAME OF HOSPITAL/PC SITE’s Help Desk seven (7) days per week, twenty-four (24) hours per day for assistance. NAME OF HOSPITAL/PC SITE shall use best efforts to resolve problems solely caused by software provided by NAME OF HOSPITAL/PC SITE to Access the Systems, and restore Access to Systems, provided that the Group has not altered, modified, decompiled, disassembled or reverse-engineered the software.

4. **Viruses**

The Group shall install and maintain virus scanning software that is consistent with NAME OF HOSPITAL/PC SITE standards to ensure that no programming devices such as viruses, worms, or other forms of computer sabotage (“Viruses”) are placed within the Systems which would disrupt use of the network or any system, equipment or software to which the network is interfaced or connected, would destroy, alter or damage data or make data inaccessible or delayed, except for file and purge routines necessary to the routine functioning of approved software, or would permit any unauthorized personnel to Access the Systems. In the event that the Group introduced any Viruses into the Systems, the Group shall be financially responsible for all costs associated with any necessary remedial maintenance to the Systems caused by such Viruses.

5. **Study Image Use and Quality**

If accessing Imaging Studies via NAME OF HOSPITAL/PC SITE’s PACS System, the Group understands and agrees that such Access prior to dictation of the final study interpretation is being provided for clinical management purposes only, and that the final interpretation of such Imaging Studies shall be rendered by duly licensed, qualified radiologists. Final reports relating to patient radiographic imaging studies shall be available in accordance with the NAME OF HOSPITAL/PC SITE Department of Medical Imaging transcription policies and procedures and applicable Maine Regulations for the Licensure of General and Specialty Hospitals, Chapter XV: Radiology/Imaging/Nuclear Medicine Services. The Group acknowledges that in certain instances, follow-up patient studies may be necessary prior to the radiologist rendering a final interpretation. The Group further acknowledges that there are inherent limitations in the quality of images that the Group may review in their offices via remote access to NAME OF HOSPITAL/PC SITE’s PACS System as a result of data compression, brightness of viewing monitor(s), spatial resolution of viewing monitor(s), ambient lighting in the area where images are viewed and other limitations of electronic transmission. In addition, the interpretation of images may be affected by the availability of pertinent prior studies and other clinical data. The Group shall not rely solely upon the NAME OF HOSPITAL/PC SITE’s PACS images or preliminary reports in rendering diagnoses and formulating subsequent treatment plans. NAME OF HOSPITAL/PC SITE shall not be liable to the Group for any direct, consequential, exemplary, incidental, indirect or special damages or costs arising from or attributable to the Group’s diagnostic or treatment decisions based upon the Group’s interpretation of Imaging Studies provided via NAME OF HOSPITAL/PC SITE’s PACS System.

6. **Responsibilities of the Group.**

During the term of this Agreement, the Group shall have the following responsibilities:
A. The purchase and maintenance of all telecommunications equipment and associated line and installation costs necessary to provide remote access to Systems. The Group’s responsibility for such telecommunications purchase and maintenance cost shall include all internal network components at the Group’s facilities up to the access point of NAME OF HOSPITAL/PC SITE’s network. The Group understands that NAME OF HOSPITAL/PC SITE shall not be responsible for any erroneous transmissions and/or loss of service resulting from communication failures by telecommunication service providers.

B. Reporting any problems in accessing the Systems to NAME OF HOSPITAL/PC SITE’s Help Desk as soon as recognized after troubleshooting Group’s own IT infrastructure and work cooperatively with NAME OF HOSPITAL/PC SITE to develop a response plan for triaging and troubleshooting reported problems as outlined in Section 3 herein.

C. Comply with, abide by and observe all applicable laws, rules and regulations and comply with all NAME OF HOSPITAL/PC SITE policies and procedures relating to Access to Systems.

7. Term and Termination

This Agreement shall commence on the Effective Date, and shall continue for a Term of one (1) year ending on _________________ 2012. NAME OF HOSPITAL/PC SITE shall have the right to immediately terminate the Agreement and thus the Group’s Access to NAME OF HOSPITAL/PC SITE’s Systems if: (i) NAME OF HOSPITAL/PC SITE suspects or becomes aware of any misuse or unauthorized use of patient information or reports, (ii) NAME OF HOSPITAL/PC SITE determines that there is no reason for the Group to Access NAME OF HOSPITAL/PC SITE’s Systems, and (iii) NAME OF HOSPITAL/PC SITE experience a technical inability to provide Access. NAME OF HOSPITAL/PC SITE shall subsequently notify the Group in writing of such termination.

8. Confidentiality of Patient Information

8.1. Patient Confidentiality. The Group will maintain the confidentiality of any patient health information that it may acquire in connection with its services hereunder in accordance with applicable confidentiality laws and rules, including without limitation the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Maine law on confidentiality of health care information (22 M.R.S.A. § 1711-C).

8.2. HIPAA Business Associate Provisions. The uses and disclosures by the Group of any protected health information as defined by the privacy and security standards contained in the HIPAA (“Information”) that the Group may acquire by Access to Systems as contemplated hereunder shall be governed by the following:

A. To the extent that the Group may obtain Information in the course of the Group’s duties as a business associate hereunder, the Group agrees: (i) to maintain the same level of security and privacy with respect to the Information as required under the applicable policies and procedures of NAME OF HOSPITAL/PC SITE; and (ii) to comply with any security or privacy requirements for the Information that may be imposed pursuant to the HIPAA or other applicable laws or regulations and (iii) to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic Information that the Group creates, receives, maintains, or transmits on be-
half of NAME OF HOSPITAL/PC SITE.

B. The Group may use Information: (i) as necessary for the provision of Services; (ii) as necessary for the proper management and administration of the Group’s business; or (iii) to carry out the Group’s legal responsibilities; provided, however, that any such use that involves the disclosure of Information to third parties shall be carried out in accordance with the specific requirements hereof.

C. Except as specifically authorized in writing by the individual who is the subject of the Information, or as required by law, the Group will maintain the confidentiality of all Information in accordance with the provisions of this Agreement and of the HIPAA Privacy Rule. The Group hereby agrees that the Group: (i) will not further disclose the Information, except as required by law; (ii) will use appropriate safeguards to keep the Information confidential; (iii) will report any inappropriate disclosure of the Information of which the Group becomes aware; (iv) will ensure that the Group’s agents or subcontractors (including any person to whom Information may be disclosed hereunder) also agree to the same restrictions that are contained herein, including an agreement to implement reasonable and appropriate safeguards for electronic Information; (v) will cooperate with NAME OF HOSPITAL/PC SITE in making the Information available to the individual upon written request; (vi) will cooperate with NAME OF HOSPITAL/PC SITE to allow and incorporate amendments to the Information by the individual; (vii) will make the Group’s internal practices and records available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining the Group’s compliance with the requirements of this Agreement and of the HIPAA Privacy Rule; and (ix) upon termination of this Agreement, will return or destroy all Information, or keep the Information protected for as long as the Group retains the Information.

D. If the Group is required by applicable law or regulation or by any legal process to make any disclosure of Information, the Group agrees to provide NAME OF HOSPITAL/PC SITE with prompt notice of such requirement prior to disclosure so that NAME OF HOSPITAL/PC SITE may seek a protective order or other appropriate remedy. If a protective order or other remedy is not obtained, the Group agrees to furnish only that portion of the Information which its counsel advises it that it is legally compelled to disclose and to use its reasonable efforts, at the request and cost of NAME OF HOSPITAL/PC SITE, to obtain confidential treatment of the Information disclosed.

E. The parties hereby agree that any breach of the Group’s confidentiality obligations hereunder shall be a material breach of this Agreement.

9. Disclaimer of Warranties

The Group understands and agrees that Access to the Systems is provided on an “as is” basis. NAME OF HOSPITAL/PC SITE makes no warranties, either express or implied, with respect to the performance or continued performance of the Systems, including without limitation, the warranties of merchantability, fitness for a particular purpose and non-infringement. The Group acknowledges that the patient information, reports, and images available through the Systems are provided as a convenience and NAME OF HOSPITAL/PC SITE makes no warranties regarding the accuracy, completeness or timeliness of such data.
10. **Limitation of Liability**

Under no circumstances shall [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) have any liability to the Group for any direct, consequential, exemplary, incidental, indirect or special damages or costs, including but not limited to, lost profits or loss of goodwill arising from or attributable to Access to the Systems or from this Agreement including without limitation liability arising from the accuracy of, completeness or timeliness of data, erroneous transmissions or loss of network connection even if [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) has been advised of, or know or should have known of, the possibility thereof. Furthermore [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) shall not be liable for the Groups’ reliance on or performance of the Systems.

11. **Insurance**

Throughout the Term of the Agreement the Group shall maintain professional and comprehensive general liability insurance coverage with minimum annual limits of $1,000,000.00 per claim and $3,000,000.00 aggregate. The Group will provide to [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) a current certificate of insurance prior to execution of the Agreement and as policies are renewed/changed. If the Group's insurance coverage is claims based, the Group agrees to maintain claims based coverage for six (6) years following the expiration or termination of this Agreement for any reason.

12. **Indemnification**

The Group agrees that it shall indemnify and hold harmless [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) from and against all pending or threatened claims, demands, actions, suits and expenses (including reasonable attorneys' fees) brought by third parties ("Claims"), including without limitation all Claims relating to a disclosure of confidential information, arising from the negligent act or omission or willful misconduct of the Group, its officers, employees, contractors, or agents, provided that the indemnity hereunder shall not be applicable to the extent such Claims are caused wholly by the negligent act or omission or willful misconduct of [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com).

13. **Independent Contractor**

This Agreement is not intended to create a joint venture or partnership and the relationships of the parties are those of independent contractors. The Group agrees that the persons retained by it to provide services hereunder are the Group’s employees and are not employees of [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) for any purpose and therefore such persons are not entitled to any rights or benefits, whether present or future, under any retirement plan of [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com); or the payment by [NAME OF HOSPITAL/PC SITE](mailto:NAME_OF_HOSPITAL_PC_SITE@domain.com) of social security taxes, workers compensation premiums, unemployment insurance premiums, overtime or other compensation, and any other employee benefits, including withholding of federal or state income taxes, and that the Group shall be solely responsible for these obligations. Neither party, by virtue of this Agreement, is authorized as agent, employee or legal representative of the other party. Except as specifically set forth herein, neither party shall have the power to control the activities and operation of the other party and their status is, and at all times will continue to be, that of independent contractors.

14. **Notices**

Whenever by the terms of this Agreement notice or other communication shall or may be given by either of the parties hereto, the same shall be in writing and shall be delivered in hand or sent by first class mail, postage prepaid, addressed to the respective party at the address set forth herein or to such other...
address as the parties hereto may designate in writing from time to time. Notices shall be effective from the date of service, if served personally on the party to whom notice is to be given, or on the third day after mailing.

15. **Entire Agreement**

This Agreement terminates and replaces any prior written or oral agreement between the parties. This document is the complete and entire Agreement between the parties hereto except to the extent that another document is expressly incorporated herein by reference. It may be amended only by agreement in writing signed by both parties.

16. **Non-Assignment**

The Group shall not assign this Agreement in whole or in part without the prior written consent of **NAME OF HOSPITAL/PC SITE**.

17. **Severability**

It is understood and agreed by the parties that each provision of this Agreement is severable from and valid and binding regardless of the validity or invalidity of any other clause or clauses of this Agreement.

18. **Debarment**

The Group warrants that neither it, nor any of its subcontractors, employees, officers, or owners, is debarred, excluded, or otherwise ineligible for Medicare or other federal program participation.

19. **Governing Law and Venue**

This Agreement and all transactions occurring or contemplated hereunder shall be governed by and construed in accordance with the laws of the State of Maine. The Group agrees and acknowledges that any action based upon or arising in any way from this Agreement or any transaction contemplated or occurring hereunder must be brought in the Superior or District Court in the county or district in which **NAME OF HOSPITAL/PC SITE** maintains its principal place of business.

**Third Parties**

This Agreement is entered into for the benefit of the parties hereto, and nothing in this Agreement shall be construed as creating or giving rise to any rights in any third parties or any persons other than the parties hereto, except as expressly set forth herein.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written:

**NAME OF AGENCY**

By ____________________________________  Date: ____________________
Its:

**NAME OF HOSPITAL/PC SITE**

By ____________________________________  Date: ____________________
Its:
EXHIBIT A

NAME OF HOSPITAL/PC SITE includes the following subsidiary corporations:

- NAMES OF ANY SUBSIDIARIES

EXHIBIT B

NAME OF AGENCY shall have access to the following information technology systems/ applications:

- NAME OF SOFTWARE ACCESSING
EXHIBIT C
CONFIDENTIALITY STATEMENT

As an Authorized User as defined in 2(A) of this Agreement, I understand that I may have access to confidential information. As such, I will abide by all NAME OF HOSPITAL/PC SITE HIPAA Policies and Procedures and the following guidelines:

Patient Information

- Any information concerning NAME OF HOSPITAL/PC SITE patients or customers is confidential, even if that person is your family member, friend or neighbor. For example, the simple fact that an individual is a patient anywhere within the NAME OF HOSPITAL/PC SITE organization is confidential information.
- Anyone who works with or has access to patient information of any kind must be exceptionally careful how this information is managed. A breach of patient confidentiality is a very serious matter, which will result in immediate termination of the vendor contract, as well as any other legal remedies available to NAME OF HOSPITAL/PC SITE.

Other Information

- All information related to the finances of NAME OF HOSPITAL/PC SITE, including pricing, statistics or department budgets is confidential, unless this information has been published by NAME OF HOSPITAL/PC SITE.
- All information contained in NAME OF HOSPITAL/PC SITE’s employees’ personnel records or physicians’ credentialing records is confidential. Requests for any information concerning employees (including routine verification of employment) should always be directed to Human Resources and requests for any information concerning physicians should be directed to Medical Affairs.
- All information concerning NAME OF HOSPITAL/PC SITE computer systems (including access codes and passwords), strategic plans, internal communications and similar information is confidential.

How should Confidential Information be treated?

- Confidential information should never be accessed by or shared with anyone, including a visitor or CMHC employee, who does not have a legitimate job related and described need to know it.
- Confidential information should not be left in readily accessible areas or in an unattended manner. Confidential information should always be secured and under appropriate supervision.
- Confidential information should never be shared outside of work related duties. Confidential information must never be openly discussed in any public place such as hallways, elevators, dining areas, stairwells, etc. Always be certain that any discussions involving confidential information are heard only by those who have a legitimate, job-related need to know the information. Be careful of who is within earshot and thus may be able to hear.

What are the expectations of NAME OF AGENCY, its employees, agents, and contractors?

- Access information only when there is a legitimate need to know it.
- Any confidential information believed to have been accessed or disclosed inappropriately, or misused in any way must be reported.
- The privacy of NAME OF HOSPITAL/PC SITE patients is of utmost importance. The privacy of NAME OF HOSPITAL/PC SITE physicians and employees, as well as the success of the organization is also vitally important. Therefore, your continued presence is dependent on the way you treat confidential information. If you access, disclose or in any way misuse any confidential information, you will be asked to leave and may be subject to fine.

I have read, understand and agree to the above:

Printed Name______________________________________________

Signature____________________________________________________Date________________
Section 3:

Staffing Considerations
Position Description:
Integrated Primary Care (IPC) Clinician

<table>
<thead>
<tr>
<th>Classification: Exempt</th>
<th>Pay Grade: 4</th>
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<tr>
<td>Reports To: Program Team Lead</td>
<td>Department: As Assigned</td>
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**GENERAL SUMMARY:**
Under the direction of a Program Team Lead, the Integrated Primary Care (IPC) Clinician is responsible for providing professional therapeutic mental health services and consultation to primary care health providers in conjunction with the associated hospital and/or primary care.

**ESSENTIAL JOB FUNCTIONS:**
- Assists primary care health providers in recognizing and treating behavioral health disorders and psychosocial problems.
- Provides direct patient (and family) contacts that include brief, solution-focused treatments; remains available for informal “consults” and educational experiences.
- Works with the primary care team to treat and manage patients with emotional and/or health problems effectively and efficiently; this could include dual interviews with the primary care team.
- Assists in the detection of at-risk patients and the development of plans to prevent further psychological or physical deterioration. This will most likely occur in case reviews and/or rounds.
- Participates in the use of the metrics approved and provided by the primary care practice.
- Assists in developing chronic illness programming such as group visits curriculum.
- Provides support, resources and education to patients, families and primary care practice staff about care, prevention and treatment-enhancement techniques such as stress management and other self-management techniques.
- Works with primary care providers to refer cases to tertiary care specialists, as appropriate.
- Completes documentation expectations focusing on clear and prompt communication with the primary care provider, as well as adherence to regulations that apply to the practice.
- Provides brief, solution-oriented treatment according to a plan of care developed from assessment and diagnostic evaluation.
- Evaluates and assesses the holistic needs of the individual consumer.
- Develops a written plan of care in conjunction with the consumer, the consumer’s family where appropriate, and primary care staff in accordance with regulations and site polices. Adheres to all regulatory requirements.
- Assures that the confidentiality and the rights of consumers and significant others are protected as delineated in applicable standards, policies, and procedures, and supports the consumer’s right to make decisions related to his/her plan of care.
• Follows policies and procedures with regard to the EHR to ensure that the services provided are consistent with best practice, assessment and treatment goals.

• Assures that consumers understand their rights regarding informed consent, risks and benefits.

• Provides treatments that are both clinically sound and cost effective.

• Carries out therapeutic treatments and procedures according to established care plans, site policies and procedures, professional standards, and within the scope of practice of the employee’s professional license.

• Assesses changes in the condition of the consumer and modifies the plan of care as appropriate.

• Refers consumers to other professionals or services as appropriate to ensure optimal service.

• Participates in consumer case conferences.

• Discontinues services appropriately, referring for additional follow-up services from the health care community, when warranted.

• Arranges for consumer hospitalization, as necessary.

• Interacts with other programs/services for referrals, as necessary.

• Maintains and utilizes knowledge of community resources.

• Provides public education and professional consultation services, when appropriate.

• May provide court testimony, as necessary.

OTHER DUTIES AND RESPONSIBILITIES:

• Completes and submits required documentation in a timely manner and according to policies and procedures.

• Participates in training to maintain or enhance job skills.

• Ensures that confidentiality is maintained at all times in accordance with federal, state, and agency standards.

• Adheres to the agency’s Risk and Safety Management Programs.

• Adheres to the agency’s Organizational Standards for Performance (see attached).

• Functions in a cost-effective manner with regard to the utilization of time, supplies and other agency resources.

• Attends meetings and supervisions as required and necessary for the position.

• Promotes and fosters effective relations, both inside and outside of the agency.
• May use personal vehicle for agency-related business as required.

• May perform other related duties as required.

**EDUCATION AND EXPERIENCE REQUIRED**
Duties require knowledge of mental health field equivalent to completion of a Master’s in Social Work, Psychology/Counseling or Psychiatric Nursing and three to five years of directly related experience, or an equivalent combination of education and experience. LCSW license required; clinicians that are dually licensed as a CADC or LADC are preferred.

Must possess a valid State of Maine driver’s license.

Experience working with and knowledge of addiction and substance abuse preferred.

**COMPETENCIES PREFERRED:**
Demonstrated ability to provide individual, group, conjoint, or family therapeutic interventions specific to the consumer population.

Ability to work under pressure.

Ability to relate effectively with community referral sources and caretakers.

Familiarity with psychotropic medication usage and monitoring its use.

**SKILLS/EXPERIENCE/TRAINING REQUIRED (continued):**
Ability to understand and appreciate the dynamics of working with persons with mental illness or with substance abuse problems, persons in crisis, and persons seeking to enhance personal growth and functioning toward more effective living.

Ability to communicate effectively both verbally and in writing; to establish positive public relations; and to interact effectively with a diverse array of professionals and consumers.

Ability to manage a large and varied caseload.

Ability to work on a multi-disciplinary team.

**SUPERVISORY RESPONSIBILITY:**
This position has no supervisory responsibilities.

**WORKING CONDITIONS/PHYSICAL DEMANDS:**
Normal office environment, not subject to extremes in temperature, noise, odors, etc.

Regular use of computer keyboards, telephone and operating office machines, requiring eye-hand coordination and finger dexterity.

Occasional lifting and carrying of supplies, files, documents, records, etc.
ORGANIZATIONAL STANDARDS

STANDARD #1: Organizational Perspective
All employees demonstrate an understanding of how individual job performance advances theTri-County Mental Health Services mission.

Expectation:
• Understanding the connection between the agency’s mission and personal performance.
• Demonstrating a philosophy and work ethic that are consistent with agency’s vision and mission.
• Representing him or herself in this manner with consumers and others.

STANDARD #2: Respectful Behavior and Confidentiality
All employees act in a manner that demonstrates a commitment to respectful behaviors and an understanding of confidentiality.

Expectation:
• Interactions with consumers, peers, supervisors and others are respectful, professional and confidential.
• Criticizing the agency and/or other employees to others (i.e. the “rumor mill”) is actively discouraged.
• Confidential information, whether received in the course of work or received inappropriately, is not shared with others.
• Continuously making an effort to squelch rumors and other disrespectful behaviors.

STANDARD #3: Teamwork
All employees participate in an environment where success is created by working together collaboratively.

Expectation:
• Building collaborative relationships, both internally and externally.
• Accepting and using constructive feedback from both peers and supervisors.
• Collaborating to improve services and processes, and solve problems.
• Sharing responsibility and accountability for team goals.
**STANDARD #4: Skill and Ability**
All employees take advantage of training and educational opportunities to enhance skills, productivity, and quality of work.

**Expectation:**
- Seeking assistance and support when necessary.
- Accepting guidance from supervisor and implements decisions made with supervisor.
- Actively seeking training opportunities, through supervision and other sources, to enhance ability to perform all aspects of position.
- Acting as a resource and support to other staff when appropriate.

**STANDARD #5: Knowledge of Community**
All employees use knowledge of current community needs to work effectively with community groups.

**Expectation:**
- Building and maintaining positive relationships with the community.
- Articulating and explaining accurately the full range of agency services and resources.
- Presenting the agency to the community in a positive, proactive and appropriate manner.
- Uses consumer and community feedback to improve service delivery.
Sample Job Functions
Mental Health Consultant

- Assist primary care health providers in recognizing and treating mental disorders and psychosocial problems
  - Provide direct patient (and family) contacts that include brief, solution-focused treatments
  - Remain available for informal “consults” and educational experiences
- Work with primary care team to treat and manage patients with chronic emotional and/or health problems effectively and efficiently
  - Could include dual interviews with primary care team
- Assist in the detection of at-risk patients and the development of plans to prevent further psychological or physical deterioration
  - Participate in the use of the IHC rating scales
- Assist in developing chronic illness programming such as group visits curriculum
- Teach patients, families and staff - care, prevention and treatment enhancement techniques, e.g. stress management and other self-management techniques
- Work with primary care providers to refer cases to mental health specialists, as appropriate
- Complete documentation expectations focusing on clear and prompt communication with the primary care provider, as well as adherence to mental health regulations that apply to the practice

*Adapted from Certificate Program in Primary Care – Behavioral Health, University of Massachusetts Medical School, 2007*
Sample New Clinician Introductory Letter to PC Staff

Dear _________ Staff,
We are pleased to announce that _____________ will be joining the milieu on _____________.
___________ is a licensed clinical social worker (LCSW) and a Licensed Alcohol and Drug Counselor (LADC) and has intensive training in dialectical behavior therapy (DBT). She/he completed his/her undergraduate degree at UNE and her Master’s degree at Boston College and comes to us with broad experience.

___________ has worked for Spurwink, Community Counseling Center, Sweetser and Spring Harbor Hospital acquiring skill in working with the lifespan in various modalities. She/he is eager to meet with you and talk about ways we can continue to integrate our service delivery for the patients we serve.
IPC Interview Process

- Review resumes and identified candidates with appropriate work experience and skill sets

- Conduct a phone screening to determine level of interest and availability for scheduling an interview

- Schedule and conduct first round interview. Ensure candidate has necessary clinical skills and communication style to ensure successful employment within the IPC environment. Provide clear explanation of the IPC clinician position and expectations of job.

- If appropriate: schedule second round interview with the practice team

- Plan and schedule a feedback loop with practice lead upon completion of the interview to ensure a timely decision is made regarding hire or not.

- If plan is to hire: obtain salary quote, and contact candidate with an employment offer.

- Check references, and contact TCMHS Human Resources to begin the background check process.

- Connect candidate with the identified Primary Care contact to begin the credentialing process.

- Coordinate orientation schedule with Primary care office. Including training on electronic health record.
Integrated Primary Care (IPC)

Behavioral Health Clinician Orientation

PC site visits:
- Meet practice manager
- Meet practice staff
- Develop understanding of practice philosophy
- Establish understanding on continuum of care
- Practice needs

Review IPC PnP's:
- Program Description
- Service Expectations
- Access & Eligibility
- Billing
- Documentation
- Outcome Measurements

Review Outcome Data Tracking:
- Outcome Data Spreadsheet – submitted bi-annually
- Tracking non-billable time

BH Clinician Supervision:
- One time a month – Individual, one time a month – Group (with ACS manager)
- Case reviews – documentation review

BH Clinician Roles and duties:
- Productivity – expectation 25 DS hours a week
- Support communication within practice and TCMHS
- Develop BHC role as a consultant
- Promote warm hand-offs and care coordination
- Support role responsibilities of care management
- Referrals and community resource connection

Training and Program Development:
- Quarterly case reviews with practice providers

Tele Psychiatry & Referrals
Would you benefit from a consult with our Licensed Social Worker? If so... let your provider know and the front office will set this up for you!

- Grief/loss: Have you recently lost someone or something that was important to you? Are you feeling blue, and need someone to talk to?
- Smoking: Would you benefit from encouragement and support to quit or cut back on smoking?
- Weight management and eating disorders: Do you struggle with managing your weight? Do you use food to self soothe?
- Relationship issues: Are you interested in developing more satisfying relationships?
- Anger Management: Are conflicts affecting your everyday life? Do you struggle to control your frustration?
- Parenting: Do you feel challenged by your children? Would you like to improve your communication and relationships with your children?
- Life stressors: Does life get you down? Are you feeling overwhelmed by life’s demands?
- Resources: Would you like support in identifying available resources? Where do you turn for help?

Fryeburg Family Medicine, 253 Bridgton Road, Fryeburg | 935-3383 | www.cmngcare.org
Section 4:

Sample Materials
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Timeframe</th>
<th>Responsible Party</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Describe your project in terms that are specific, measurable, achievable, realistic, and time-framed)</td>
<td>(List the activities you will do to accomplish the objectives)</td>
<td>(Show when you intend to do each activity)</td>
<td>(Describe who will accomplish each activity. You may list individuals from partner organizations with whom you will have a formal relationship)</td>
<td>(Describe the extent to which you have accomplished grant activities and note the data sources you have used)</td>
</tr>
</tbody>
</table>
## Sample Logic Model—Everyone’s Generic Healthcare System

### Clients/Participants:

- Resources
  - MeHaf Funding
  - Evidence base re clinical practice of TCMHS
  - Information from area consumers
  - Needs survey from primary care survey
  - Inputs from Community Advisory Group
  - Experience gained in other Integration Initiatives
  - Other MeHaf programs
  - Alignment with other efforts
  - Ongoing feedback from community suppers

- Activities (Outputs)
  - Develop and sign service contracts
  - Hire & orient staff
  - Develop Project Advisory Committee
  - Develop/operationalize referral and feedback
  - Launch event for community & staff
  - Establish record sharing protocols
  - Develop and conduct Monthly Grand Round around mental health issues/staff and
  - Physician training about trauma-informed approach
  - Create outreach materials
  - Host family feedback suppers
  - Project launch event
  - Deliver short-term solution-focused treatment
  - Facilitate seamless referrals to ongoing care

- Short-Term Outcomes
  - Increased understanding and level of pt.-centeredness, trauma, and integration
  - Changed delivery systems
  - Improved pt. outcomes
  - Priority pop.’s served
  - Pt’s/families become advisors/advocates
  - Data systems support integration

- Long-Term Outcomes
  - Improved patient outcomes and compliance
  - Improved patient and family satisfaction
  - Improved PCP satisfaction
  - Decreased use of the ED for crisis mental health referrals
  - Use of an integrated EMR
  - A more collaborative and integrated system
  - A more trauma-informed health care deliver system

### Environment (Envi)

- Fragmented service delivery
- Workforce shortages
- Regulations, licensing
- Barriers to treatment for behavioral health issues, including geographic distance in rural areas and perceived stigma
Primary Care Health Integration
Patient Flow

Screening

All new patients are screened for behavioral health (BH) needs. Health Risk Assessment (HRA) utilized

Behavioral Health (BH) need identified

BH Referral made:
Red Flag entered into client chart to notify BH provider of client need

Initial Assessment Scheduled with BH provider

BH provider completes assessment and determines treatment need.

Brief Therapy provided (2-12 weeks)

Treatment successful= client discharge

Longer term BH TX indicated: external referral made

Referral follow-up and external long term treatment begins

Primary Care doctors conduct brief screening for BH need at regular appointments

Primary Care providers identifies BH need = “warm hand-off” in real time or assessment scheduled

External referrals made:
- Case Management
- Substance Abuse
- Psychological Evaluation

Assessment

Integrated Primary Care Toolkit
45
Integrated Primary Care Policy and Procedures

Purpose and Program Description

Purpose:
Individuals who receive integrated behavioral health and primary care have improved access to needed services, reduced incidence of serious or acute physical illness, increased capacity to manage their chronic conditions and improved overall health.

Program Description:
A model of integrated care that joins behavioral health and primary care services within the context of the primary care office. Consistent with the service philosophy of primary care, the goal of integrated behavioral health care is to detect, and address the broad spectrum of behavioral health needs that exist within the primary care setting. Integrated treatment aims for early identification and timely behavioral health care intervention, to support patient recovery and wellness. The primary care setting allows patients to be seen in an environment that feels less stigmatizing, and which allows for essential collaboration between the primary care provider and the behavioral health provider.

The Integrated Primary Care model consists of the following components:
- Behavioral health clinicians fully embedded within the primary care site, working as a collaborative member of the healthcare team
- Behavioral health clinician training, supervision, consultation and resources provided by the community mental health center for a depth of knowledge and mental health expertise
- Shared electronic health record
- Shared patient risk
- Shared treatment planning and progress noting
- Immediate access to behavioral health clinicians through warm hand-offs and/or referrals being seen within one to three days
- Brief solution oriented treatment model
- Seamless referral and transition to tertiary level of care within the community
- Physician to psychiatrist consultation model
- Tele Psychiatry services
Access and Eligibility

Policy:
Patients eligible to receive Behavioral Health Care (BHC) Service and/or Tele Psychiatry at the integrated primary care site shall be identified by the primary care provider. Primary Care providers can refer patients for BHC and/or Tele Psychiatry through the process of a warm hand-off to the behavioral health clinician, direct scheduling with the behavioral health clinician or through a referral submitted within the Electronic Health Record (EHR) which will flag the behavioral health clinician that a patient is in need of BHC expertise.

Behavioral health clinicians will be responsible for completing a comprehensive mental health assessment for all referred patients, determining the need for ongoing behavioral health care services and if indicated, will make referrals for Tele Psychiatry and/or other recommended services.

Behavioral health clinicians will support the integrated primary care model through:
- Availability for warm hand-offs with primary care providers
- Unscheduled clinical time in the primary care milieu for behavioral health consultation
- Providing brief solution oriented treatment
- Conducting behavioral health assessment, intervention, and consultation
- Making referrals for ongoing behavioral health, psychiatric care and/or community based resources.
Billing

Procedure:

Billing for Integrated Primary Care Behavioral Health will be the responsibility of the primary care site. Tri-County Metal Health Service (TCMHS) Behavioral Health Clinicians will be credentialed by all pay sources billed through the primary care site. Minimal direct service requirements will be agreed upon by TCMHS and the primary care site, and TCMHS will uphold responsibility for managing BHC clinician productivity.
Documentation Requirements

All Behavioral Health Care consults, patient visits and follow-up care should be documented with the shared EHR.

**Initial assessment: Psychiatric Diagnostic Interview**

**Reason for the referral:**
- Who made the referral and why

**Demographics:**
- Patient’s age, marital status, living/housing situation, employment status

**Presenting Problem and Life Stressors:**
- Patient’s perception of need
- History of presenting problem/life stressors
- Family and Social History
- Trauma and Abuse History
- Family Psychiatric History
- Physical or environmental barriers that may impede service delivery

**Current Symptoms:**
- Patient’s report of current symptoms and symptom history: frequency, intensity and duration
- Impact of current symptoms on current functioning

**Family/Friends/Support Systems and Community Resources:**
- Sources of assistance/support- financial and professional
- Vocational, educational, social and recreational supports

**Medical Problems and Current Medications:** Please see medical record for complete listing and history- this includes family medical history

**Current Psychotropic and Sleep Medications:**
- List medications and dose

**Past psychotropic and sleep medications and their effectiveness and/or side effects:**
- List medications and effectiveness/side effects

**Previous counseling/hospitalizations/psychiatric interventions:**
- Past psychiatric symptoms/history
- Past treatment and its effectiveness

**Five axis Diagnosis**

**Mental Status:**
Appearance- Mood- Affect- Delusions- Hallucinations- Orientation- Suicidal ideation- Homicidal ideation- Self Harm-

**Recommendations/Consultations/Referrals:**

**Treatment Plan as discussed with client and agreed upon by client and therapist:**
- To be developed within 30 days of initial session (Psychiatric Diagnostic Interview)

**Treatment Goals:**
- Identify objectives that are realistic, measurable and client driven

Tri-County Mental Health Service
Documentation Requirements

Office Visit: Counseling Notes

Psychotherapy/Progress Note:
- How patient physically and behaviorally presents
- Patient’s mood, affect and feelings
- Current stressors
- Discussions presented by patient
- Patient’s level of participation in session
- Quotes made by patient during the session

Assessment and Plan:
- Axis I Diagnosis currently being addressed

Symptoms/Medications:
- Patient’s report of current symptoms, their severity and impact on current functioning
- Medication compliance and effectiveness

Plan/ Long-term Goal:
Identify long term goal for mental health treatment - This should remain the same throughout the course of treatment

Treatment Objectives:
- Objectives should be identified each session and may change week to week.
- Objectives are the action steps a patient agrees to work on, which support the long-term goal
- Objectives should be short-term, measurable and attainable
- Document patient’s level of participation in following through with treatment plan objectives each counseling session

Discharge Summary:
Counseling note is labeled Discharge Summary

Psychotherapy/Progress Note:
- Summarize treatment provided and patient response to treatment

Assessment and Plan:
Complete a 5 Axis Diagnosis for discharge

Symptoms/Medications:
- Patient’s report of current symptoms, their severity and impact on current functioning
- Medication compliance and effectiveness

Plan/ Long-term Goal:
- Summarize effectiveness of treatment and whether treatment goal(s) were achieved
- Identify plan for continued mental health treatment, noting the name of the agency/provider if possible

Tri-County Mental Health Service
Documentation Requirements

Treatment Objectives:
- Summarize any progress/lack of progress regarding treatment objectives
- Identify any action steps the consumer has agreed to follow-up with upon discharge

Recommendations/Consultations/Referrals:
- Identify referrals made and the status of these referrals
- Be sure to include the full name of referred treatment providers/agencies.
Outcome Measures

Program evaluation and outcome measures are key components to program expansion and the ongoing success of Integrated Primary Care Behavioral Health. Integrated Primary Care Behavioral Health is an innovative method of care delivery, which requires continued monitoring and study to enhance overall treatment effectiveness. Service quality goals measure primary care provider satisfaction, comfort and confidence in co-treating behavioral health presentations, increased collaboration between primary care providers and behavioral health care clinicians, improved clinical outcomes, improved patient satisfaction and provision of cost-effective clinical care. The below outcome measures and metrics are currently utilized to monitor program optimization.

Access to service: quarterly reporting on number of referrals, and assessments completed

Clinical outcomes: utilization of the following outcome tools at the time of initial assessment and discharge. Outcome tools utilized: PSC, PHQ, GAD 7, and CAGE

Patient satisfaction: follow current primary care practice protocol for administering client satisfaction surveys post discharge and annually

Provider satisfaction: annual physician satisfaction survey

Practice management metric: quarterly reporting on free time on BHC schedule, scheduling of same day appointments, number of specialty care referrals, percent of patients seen for brief model of treatment (1-4 sessions)

Cost effectiveness: quarterly reporting on revenue captured, revenue loss and expenses
Integrated Primary Care Toolkit

Behavioral Health Care (BHC)
Service Expectations

Behavioral Health Care (BHC):
The role of the Behavioral Health Care Clinicians is to utilize a brief-solution focused, collaborative – care intervention model to improve acute behavioral health conditions within the primary care setting. BHC clinicians provide assessment, intervention, follow-up, monitoring, triage and ongoing referrals for BHC. BHC clinicians provide consultation and education to the primary care team to support co-management of patient care.

Behavioral Health Care clinicians are employees of Tri-County Mental Health Services (TCMHS) that are contracted to the primary care site. The Behavioral Health Clinicians will be supervised, monitored and managed by a member of the TCMHS leadership team. BHC clinicians will adhere to all HIPPA regulations and requirements within the context of their job duties, and will be expected to meet or exceed the 25 billable direct service hours weekly.

Clinical Goals:
• Assist primary care providers in recognizing and treating behavioral health disorders and psychosocial stressors
• Assist in identifying “at risk” patients, with the aim being to prevent further psychological and/or physical deterioration
• Assist in preventing relapse of co-morbid conditions
• Support primary care providers in obtaining positive and sustained clinical outcomes
• Support primary care providers in treating patients with chronic health conditions and behavioral health concerns
• Efficiently refer and support patients into appropriate specialty mental health care, when indicated, and subsequently ease transition back to primary care management
• Provide case management support to efficiently refer and connect patients to necessary community based resources

*Adapted from the Primary Behavioral Health care Services Practice Manual
Version 2.0, April 2012
Information Sharing

Best Practice Guide for Mental Health and Substance Abuse Information

1. **Privacy Practices:**
   Patients should be notified through the Notice of Privacy Practices about how information will be shared. This notification should be acknowledged in writing at the beginning of treatment. The Notice of Privacy Practices should include:
   - With whom information will be shared
   - Under what circumstances
   If you are part of a “Network” your notice should include:
   - Which organizations are considered to be in your “Network”
   - With whom information will be shared
   - If “Network” there needs to be a written document (OSA,OCHA) that explains the relationship and includes information sharing and responsibilities
   - Instructions for “opting out” of sharing information

2. **Consent for Treatment Form**
   Patients should sign and date this form when entering treatment. The form should include:
   - An explanation that information will be shared for the following purposes:
     - Treatment
     - Payment
     - Operations
   - The fact that information will be shared pertaining to HIV, Mental health and Substance Abuse
   - A specific statement about information being shared among organizational affiliates and who those affiliates are

3. **Information sharing practices and limits to confidentiality** – reviewed at the first clinical session
   Limits to confidentiality to include:
   - Child and incapacitated elder abuse and neglect
   - Duty to warn
   - Emergency
   - Within the “Network”

4. **Release of Information**
   A properly executed Release of Information should be used for sharing information outside the organization or affiliates.
   - Permissible to have more than one agency on the form
   - Care should be taken to block names of other agencies when using the form to share information

   The Release of Information should include the following:
   a. Name(s) of person(s) and/or agency(ies) to whom the disclosure(s) may be made;
   b. Specification of the information which may be disclosed;
   c. Purpose(s) of the disclosure(s) (ok if “at request of pt”);
   d. Notice of the right to review mental health records upon request, at any reasonable time, including prior to the authorized release of such records;
e. Length of time for which the consent is valid/expiration date
f. Notice of the right to revoke consent at any time either verbally or in writing.
g. A place for signature and date for the person (Client/parent/legal guardian) who is giving consent.
h. Specific reference to Mental health, Substance Abuse, HIV if applicable
i. A statement that the client has a right to refuse to disclose and that treatment will not be conditional, however, “may result in improper diagnosis, treatment or denial of insurance coverage or other adverse consequences”.

Integrated Primary Care Toolkit
Section 5:

Social Marketing
## Sample of Outreach Planning and Report –

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<th>Situation/Analysis</th>
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<table>
<thead>
<tr>
<th>Goals</th>
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**Audience:**  *Medical, Hospital, and Office Staff*

<table>
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<tr>
<th>Communication strategy</th>
<th>Messages</th>
<th>Tactics/tools</th>
<th>Evaluation</th>
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Integrated Primary Care Toolkit
For Immediate Release

Tri-County and Swift River receive $300,000 Grant to Integrate Mental Health and Primary Care Services

Lewiston/Rumford/Dixfield – Tri-County Mental Health Services and Rumford Hospital Primary Care (Swift River Health Care, River VALLEY Internal Medicine, and Elsemore Dixfield Center) announced today that they have received a $300,000 – three year - grant from the Maine Health Access Foundation (MeHAF) to offer comprehensive care combining mental and behavioral services with primary care to people in the Rumford area. The two organizations partnered to respond to a request for proposal issued by MeHAF last summer.

It is estimated that 75% of patients in primary care settings have mental health needs that are related to their medical complaints. This innovative new pilot project will bring the region’s leading mental health and medical providers together to work side by side to meet patient needs in an integrated way.

“We have been part of the health care system in this region for many years, but often simply traded referrals with our medical partners as opposed to working together to meet patient needs. This will allow us to share our expertise in real time,” says Chris Copeland, Executive Director of Tri-County Mental Health Services. The project will include mental health clinicians on-site in Swift River offices, plus education for providers in the form of mental health Grand Rounds to share the latest knowledge.

According to Catherine Ryder, Clinical Director for TCMHS and Project Director, the Swift River integrated care project builds upon experience gained over the past year in a pilot project with Western Maine Pediatrics in Norway. “We’ve found that being located in the doctor’s office adds convenience and eliminates other barriers to care, such as stigma,” she explains. “By providing brief, solution oriented treatment in the doctor’s office we can often address issues that are affecting health. If ongoing care is needed, the trusting relationship can carry forward to services in other settings.”

Kim Gagnon, Practice Director, Rumford Hospital Physician Practices, says they are thrilled to add this dimension to the care they offer patients of all ages. “We know that physical and mental conditions are often related and should be treated together, and we’re excited to bring Tri-County’s clinical knowledge into our practices,” she says.

The grant funding will allow additional training time and community education that are not possible under existing payment systems. Consumer/patient participation and feedback will be encouraged with a series of community suppers and involvement on advisory groups. The current Dental Collaborative will also provide oversight as the governing board for the project, integrating many other local resources.

The Integrated Care project will serve approximately 300 people with direct care, and perhaps hundreds more will benefit from the added consultation and training that will be provided.

Tri-County Mental Health Services is one of Maine’s most respected and progressive agencies dealing with the psychological and social well-being of children, adults, and elders. TCMHS serves nearly
10,000 individuals each year in Androscoggin, Cumberland, Franklin and Oxford counties and beyond with innovative programs and services addressing mental health, substance abuse, mental retardation/developmental disabilities, autism, and more. The agency is a state, regional and national leader in trauma-informed and recovery-based service delivery, and strives to offer hope to individuals, families, and communities. Visit www.tcmhs.org for more information.

Rumford Hospital Primary Care includes Swift River Health Care, River VALLEY Internal Medicine, and Elsemore Dixfield Center and serve more than 8,900 patients each year with 44,000 visits. It is part of Rumford Hospital and the Central Maine Medical Family.

MeHAF, founded in 2000, is Maine's largest health care foundation. Each year MeHAF provides approximately $5 million in grants and program funding across the state to expand access to health care. MeHAF was established as a result of the sale of the not-for-profit Blue Cross & Blue Shield of Maine to the for-profit Anthem Blue Cross & Blue Shield of Maine. www.mehaf.org

###
For immediate release
DATE

RUMFORD- The public is invited to the third “Dinner and Discussion” hosted by Tri-County Mental Health Services (TCMHS), the practices of Rumford Hospital Primary Care, and the Dental Collaborative on Wednesday, September 9, beginning at 5:00pm at the Eagle’s Club at 13 Oxford Street in Rumford. The discussion topic will be an overview of consumer driven service delivery, including hospital based and hotline. It will also include a discussion of intentional peer support and consumer voice and choice. Presenters will include Peter Driscoll and representatives from Amistad. The discussion series is part of the new Integrated Primary Care partnership between Tri-County and the medical practices of Rumford Hospital Primary Care, which includes Swift River Family Medicine, Elsemore Dixfield Family Medicine, and River Valley Internal Medicine. For information or to register, please call 369-1194.

The Integrated Primary Care Project is a three year initiative funded by the Maine Health Access Foundation. For more information about the project, visit www.tcmhs.org.

Tri-County Mental Health Services is one of Maine’s most respected and progressive agencies dealing with the psychological and social well-being of children, adults, and elders. TCMHS serves nearly 10,000 individuals each year in Androscoggin, Cumberland, Franklin and Oxford counties and beyond with innovative programs and services addressing mental health, substance abuse, mental retardation/developmental disabilities, autism, and more. The agency is a state, regional and national leader in trauma-informed and recovery-based service delivery, and strives to offer hope to individuals, families, and communities.

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# # #
Autism Topic of August Discussion
Sarah Oemcke to speak in Rumford

RUMFORD- The public is invited to enjoy a “Dinner and Discussion” hosted by Tri-County Mental Health Services (TCMHS), the practices of Rumford Hospital Primary Care, and the Dental Collaborative on Wednesday, August 18, beginning at 5:30pm at the American Legion Hall at 24 Congress Street in Rumford. Sarah Oemcke, ATR, LCPC, will speak about Autism.

Autism is a brain disorder that often makes it hard to communicate with and relate to others. With autism, the different areas of the brain fail to work together. With early treatment, children with autism can learn new skills for success as they grow older. The presenter is Sarah Oemcke. Sarah is a Registered Art Therapist and Licensed Clinical Professional Counselor, from Tri-County Mental Health Services. Sarah currently works with Children on the Autism Spectrum both individually and in social skills groups. She has worked in schools as a one to one for Children with Autism and served as a consultant for behavioral programming. Sarah also has experience managing IEP’s, working collaboratively as part of a treatment team for early intervention, utilizing behavioral interventions, and is knowledgeable in resources available in both the Rumford and Farmington areas.

Sarah has a Master’s degree in Art Therapy and can utilize this approach in her work with children. Since coming to Maine, Sarah has been trained in Trauma Focused Cognitive Behavioral Therapy to work with children 8-18 struggling with Trauma as part of her work at Tri-County. Sarah currently heads Children’s programming as a Team Lead for out-patient as well as case management services in the Rumford and Farmington TCMHS clinics.

Click here for a flyer about the presentation Dinner Flyer or visit www.tcmhs.org

The discussion series is part of the Integrated Primary Care partnership between Tri-County and the medical practices of Rumford Hospital Primary Care, which includes Swift River Family Medicine, Ellsworth Dixfield Family Medicine, and River Valley Internal Medicine. For information or to register, please call 369-1194. The Integrated Primary Care Project is a three year initiative funded by the Maine Health Access Foundation. For more information about the project, and to sign up for news, visit www.tcmhs.org.

###
News Release
For immediate release
DATE

Free Dinner and Health Discussion
Topic: Depression and Physical Activity

Lewiston/Bridgton – Tri-County Mental Health Services (TCMHS) and the primary care practices of Bridgton Hospital invite community members, educators, health and mental health providers to another “Dinner and Discussion” on Tuesday, April 24. The topic will be “Depression and Physical Activity—the connection between them, tools for getting people active, and resources on physical activity in the Lakes Region.” Liz Blackwell-Moore, MPH, from the Communities Promoting Health Coalition will be speaking on this issue.

The dinner is part of a series provided as part of the three year Integrated Primary Care Project funded by the Maine Health Access Foundation. The free dinners are held on the 4th Tuesday of every month at the Bridgton Hospital Physician’s Group Conference Room on the grounds of Bridgton Hospital (Keep right past the hospital main entrance). Each month a different topic is discussed related to health, mental health, how they are intertwined. TCMHS and Bridgton Hospital have partnered to bring mental health into medical practices to address emotional and mental health issues along with physical health.


# # #
News Release
For immediate release
DATE

PTSD Is Topic of Free “Dinner and Discussion” in Bridgton Aug. 24

Lewiston/Bridgton –Tri-County Mental Health Services (TCMHS) and the primary care practices of Bridgton Hospital invite the public to another “Dinner and Discussion” on Tuesday, August 24, at 5:30 pm at the Bridgton Community Center. The topic for May is “Post Traumatic Stress Disorder: Health, Hope, and Recovery.” Presenters are Laurie Cyr-Martel, Manager of Emergency Services for TCMHS, and the Integrated Care Team. The dinner is part of a series provided as part of the three year Integrated Primary Care Project funded by the Maine Health Access Foundation. Integrated Primary Care brings mental health experts into medical practices to address emotional and mental health issues along with physical health.

Tri-County Mental Health Services is one of Maine’s most respected and progressive agencies dealing with the psychological and social well-being of children, adults, and elders. TCMHS serves nearly 10,000 individuals each year in Androscoggin, Cumberland, Franklin and Oxford counties and beyond with innovative programs and services addressing mental health, substance abuse, mental retardation/developmental disabilities, autism, and more. The agency is a state, regional and national leader in trauma-informed and recovery-based service delivery, and strives to offer hope to individuals, families, and communities. Visit www.tcmhs.org for more information. This project includes Naples Family Practice, North Bridgton Family Practice, Fryeburg Family Medicine, and Bridgton Internal Medicine are part of the Central Maine Medical Group and the Central Maine Medical Family.

MeHAF, founded in 2000, is Maine's largest health care foundation. Each year MeHAF provides approximately $5 million in grants and program funding across the state to expand access to health care. MeHAF was established as a result of the sale of the not-for-profit Blue Cross & Blue Shield of Maine to the for-profit Anthem Blue Cross & Blue Shield of Maine. www.mehaf.org

# # #
Sample Postcard Front

Sample Postcard Back

Caring for all of you Partnership

We are pleased to introduce a new partnership that will help us support all your needs relating to physical and mental health and well being. Beginning in 2009, clinicians from Tri-County Mental Health Services will be working alongside medical professionals in the offices of Rumford Hospital Primary Care (Swift River Health Care, River Valley Internal Medicine, and Elmore Dixfield Center). They will bring special expertise in the identification and treatment of the emotional and mental health issues that affect our bodies, providing counseling and education to promote recovery. You are invited to be part of this exciting new project! Sign up today to receive the latest updates and invitations to events and educational sessions.

If you would like to receive information in the future, please complete the following and return to your primary care office staff or drop into the mail. You can also call us at 1-888-304-HOPE (4673) or visit TCMHS online at www.tcmhs.org

Name:
Address:
City: State: Zip:
Telephone: Email:
All The Care You Need

Medical and mental health workers in partnership: Providing care for all of you

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Call 1-888-304-HOPE (4673) or fill out the provided postcard

TRI-COUNTY MENTAL HEALTH SERVICES
Caring for all of you

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or fill out the provided postcard

TRI-COUNTY
MENTAL HEALTH SERVICES
Bridgton IPC Community Education Dinners

March 23, 2010 – Introduction to IPC and Grant Overview - Catherine Ryder, Director of Clinical Services (Kick-off event @ Bridgton Community Center)

April 27, 2010 - ‘Case Management: Who, What, When, Where and HOW to get connected with local resources.’ – Therese Johnson, Mary Ross, Heidi Franklin & Christina Owens

May 25, 2010 – Trauma 101 – An overview of the impact of trauma and the ways in which it shapes and informs the lives of people we serve. Chris Copeland, Rich Chammings, Andie Wishman.

August 24, 2010 – (21) PTSD and its effects on general health – Laurie Cyr-Martel

September 28, 2010 – EMDR/DBT – trauma specific models of care – Kimberly Walker, LCSW

October 26, 2010 – Managed Care-What’s It Mean For Me? - Catherine Ryder, LCPC, ACS & Rich Chammings, LCSW

November 23, 2010 – cancelled due to low response


February 22, 2011 – Self-Inflicted Violence; What You Need To Know – Rich Chammings, LCSW

March 22, 2011 - ADD/ADHD Treatment Options – Catherine Ryder, LCPC

April, 2011 – Chamber After Hours – IPC Overview

May, 2011 – Not Just A Rap Sheet – Domestic Violence Coalition of Greater Bridgton

June 2011 - Cancelled
Caring for All of You
Introducing Integrated Primary Care

Join Us for a free Dinner and Discussion
Tuesday, March 23
5pm—7pm
Bridgton Community Center
15 Depot Street, Bridgton

Meet the Integrated Care Partners and learn about how we will work together like never before to care for your body and your mind.

Call Jessica Jendrick at 647-6159 to reserve your seat!

We believe that your overall well-being includes emotional, developmental, and physical health. That is why we have partnered with the primary care doctors of Central Maine Medical Group and the Maine Health Access Foundation (MeHAF) to bring our expertise right into the doctor’s offices, where we can help care for ALL of you.

- On-site, real time consultation between medical and mental health providers
- Medical education and consultation i.e. medical rounds by psychiatrists on mental health topics
- Brief, short term, solution oriented treatment & intervention
- Expedited intake for ongoing services in the community
- Community education and involvement—FREE Monthly Dinner & Discussion Meetings featuring topics related to health & mental health services and information you can use to stay well.

Services will be available at
- Naples Family Practice
- North Bridgton Family Practice
- Fryeburg Family Medicine
- Bridgton Internal Medicine
- Bridgton Pediatrics

This project is funded by the Maine Health Access Foundation
Sample After Hours Flyer

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**Business After Hours at Bridgton Hospital!**

Meet the partners in the groundbreaking Integrated Primary Care Project and learn how we’re bringing medical and mental health care together to Care for All of You.

**Thursday, April 28**
5pm—7pm
**At Bridgton Hospital**
Catering by Lakes Region Caterers

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- Fryeburg Family Medicine
- Bridgton Internal Medicine
- Bridgton Pediatrics

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This project is funded by the Maine Health Access Foundation
SAMPLE FACEBOOK POSTINGS

**Tri-County Mental Health Services** Looking forward to another Dinner & Discussion in Bridgton on Tuesday, May 25! This month's topic is “Addressing Effects of Trauma for Health and Healing”, Presented by Chris Copeland, Executive Director, Tri-County Mental Health Services, and the Integrated Care Team. Location: Bridgton Community Center. Time: 5:30pm. Call Jessica Jendrick at 647-6159 to reserve your seat!

**Tri-County Mental Health Services** along with our Bridgton Hospital Integrated Care partners enjoyed another great community "Dinner and Discussion" at the Community Center last evening. We heard from Case Managers and Medical Providers about how they can work together and with patients to find the resources, services, and HOPE to support recovery. Providers on both sides discussed how confidentiality is protected at every step and patients always have control over who is involved in their care. Thanks to everyone for a great conversation!

**Tri-County Mental Health Services** Join Us for a free Dinner and Discussion, the first in a series of monthly educational events offered as part of the Integrated Primary Care Project. TCMHS and five different medical practices associated with Bridgton Hospital/CMMC Family and funded by MeHAF. Meet the Integrated Care Partners and learn about how we will work together like never before to care for your body and your mind. Call Jessica Jendrick at 647-6159 to reserve your seat!

See More

**Kickoff Dinner for Integrated Primary Care in Bridgton!**
Tuesday, March 23, 2010 at 5:00pm
Bridgton Community Center, Bridgton, ME
Welcome

We know that emotional and mental health issues affect our bodies, and believe that caring for all of you, together, is the fastest road to recovery. That’s why Tri-County Mental Health Services (TCMHS) is working alongside your doctors and medical professionals in Western Maine, bringing decades of experience and the latest advances in behavioral health into your care. Along with our partners at Swift River Healthcare, River Valley Internal Medicine, Eiselmore Dixfield Center, and Community Dental, we believe that cooperation = convenience = complete care for you and your family.

Our most important partner, however, is you! That’s why we host free Dinner and Discussions and why we are sending you this mailing – to help you take action for your own health and well-being. We hope you will become part of our Integrated Primary Care family!

Be well.
The Advisory Board

Chris Copeland
Executive Director, TCMHS

Patty Duguay
Executive Director
River Valley Health
Communities Coalition

Kim Gallant
Director of Physician Practice
Rumford Primary Care

Alicia Judrey
TCMHS Consumer Rep

Lisa Kavanaugh
CEO, Community Dental

Karen Rickley
Director of Development

Catherine Ryder
Project Lead/Clinical Director, TCMHS

John Welsh
President
Rumford Community Hospital

JOIN US FOR DINNER & DISCUSSION!

Each month, the Integrated Care Team presents community education on a topic related to mental, dental, and physical health, along with a free dinner. Presentations are held at the American Legion Hall at 24 Congress Street in Rumford on the third Wednesday of every month. To register, call 583-1194 or sign up for the mailing list on the Tri-County website at www.tcmhs.org

09/15/2010

Adult Obesity & Eating Disorders

More than 60 percent of Americans aged 20 years and older are overweight. One-quarter of American adults are also obese, putting them at increased health risk for chronic diseases such as heart disease, type 2 diabetes, high blood pressure, stroke, and some forms of cancer. There are also mental health and dental health issues that are connected with these issues.

10/20/2010

Domestic Violence Awareness Month!
The Dinner & Discussion will include a resource fair. In Maine, the crime of Domestic Assault, as reported to police, occurs every 96 minutes. (Maine Department of Public Safety, Uniform Crime Report, 2003.) Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives. (The Commonwealth Fund, Health Concerns Across a Woman’s Lifespan: 1998 Survey of Women’s Health, May 1999.) Learn more about prevention services available, and the health/mental health costs of this tragic issue.

11/17/2010

Intentional Peer to Peer Support Consumer Presentation

UPCOMING PRESENTATIONS

• Curing Isolation – Agoraphobia, Social Anxiety
  • Grieving
  • Sleep Disorders

Important Numbers

TCMHS Referral Line: 1-888-304-HOPE (4673)
Swift River Health Care/ Eiselmore Dixfield Center - 207-369-0146
River Valley Internal Medicine - 207-364-7831
Community Dental - 207-589-3600
Statewide Crisis Line (24 Hour) - 1-800-568-1112
Meet Velma Evans, LCSW

Since Integrated Primary Care was introduced in Western Maine, Velma Evans has been at its center. Velma is the mental health clinician working within three different medical practices in the region to care for people of all ages.

Velma Evans is a native of Maine and has worked in the mental health field since 1976. She began her career on an inpatient unit in central Maine serving individuals who needed to be in a hospital setting for mental health services. She has experience working with all ages, and holds a Master's Degree in Social Work with a Clinical Concentration from Boston College. Her extensive experience includes Targeted Case Management, forensic social work, crisis stabilization, outpatient therapy, therapeutic foster care, and more. That broad base of experience has fit well within the primary care medical offices of Rumford Hospital Primary Care.

Diabetes Talk Looks at Medical, Dental, Mental Health of Patients

About 40 people attended a “Dinner and Discussion” presentation at the Eagles Club in Rumford that featured a look at diabetes from three discplines: medical, dental, and mental health. They learned about the interrelationship of all systems in overall health and well-being.

Dr. Jennifer Dressel presented an overview of Type 2 Diabetes. Speaking to the link between oral health and diabetes were Dr. Windy Thompson, DDS & Dr. Anne Meserwine, DDS, of the Rumford Dental Health Center.

Also present was Susan Isenberg, Clinical Administrator. Depression often accompanies a diabetes diagnosis, and mental health providers were on hand to answer questions. According to recent studies in Maine, nearly twice as many recipients of MaineCare who have severe mental illness have diabetes compared to those who do not have mental illness (17.4% vs. 10%). People with mental illness are more likely to have other chronic conditions as well, including COPD and hypertension. Collaborative members are working together to change this statistic.

Five Tips for Diabetes Control

(From The Mayo Clinic)

In the United States alone, experts at the Centers for Disease Control and Prevention expect diabetes to affect more than 40 million people by 2030. Tweaking your lifestyle could be a big step toward diabetes prevention — and it’s never too late to start. Diabetes prevention is as basic as losing extra weight and eating more healthfully. Consider the latest diabetes prevention tips from the American Diabetes Association.

Tip 1: Get more physical activity
Tip 2: Get plenty of fiber
Tip 3: Go for whole grains
Tip 4: Lose extra weight
Tip 5: Skip fat oils and make healthier choices

For more information, visit
http://www.mayoclinic.com or
The American Diabetes Association
http://www.diabetes.org
The Integrated Primary Care Project

CARE FOR ALL OF YOU

How It Works

Clinical Outcomes
- Improved patient satisfaction
- Improved clinical outcomes for patients
- Reduced excess care may extend between care providers and at the patient level
- Enhanced patient role and ownership
- Increased access to care services
- Increased awareness and patient education

Program Outcomes
- Increased patient-provider satisfaction for patients
- Improved care satisfaction for patients
- Decreased wait times
- Reduced costs
- Enhanced patient role and ownership
- Increased access to care services
- Increased awareness and patient education

Why Integrate Care?
- We know that emotional and mental health issues affect our bodies, and vice versa.
- The care we provide to our patients helps to address this need.
- Most patients present their concerns to the care provider on their own.
- Health needs not addressed by the primary care physician remain unmet.
- We work in an integrated care model to address these needs.
- To reduce stigma
- To reduce risk
- To reduce cost

Program vs. Co-Location
- Shared electronic health record
- Shared risk
- Shared care
- Shared knowledge and care plan
- Agency accountability:
  - Shared care
  - Shared responsibility:
    - Integrated primary care
    - Mental health
    - Substance use disorders
    - Chronic disease management
    - Support services
    - Case management

Integrated Primary Care Toolkit
Praise for Our Project

"Tri-County's model is unique in the nation in its full integration, continuity of care, and sustainability."
Becky Booker, Grant Administrator
Maine Health Access Foundation

"This project is a beacon."
Guy Conners, Director/Adults Mental Health & Office of Substance Abuse, Maine
Department of Health and Human Services

“There is an increasing sense of partnership between providers from different disciplines, and between patients and providers. We know this is the way healthcare should be delivered... with everyone working as an integrated team toward the same goals.”

Catherine Ryder, Executive Director

"The best part of being a provider to patients in the PCC's offices is that I am able to provide services to individuals in all aspects of their lives, to treat the whole person not just the mental health part of the individual. My hope for the future is that Integrated Primary Care is available in every PCC's office in the State of Maine.”

Veitra Evans, Clinical Social Worker

“I cannot speak highly enough of this program, and I would encourage any and all primary care practices to implement a similar model. If at all possible, the link between mental and physical health is irreversible. Probably the biggest benefit I have seen is the ability of the therapist and I to truly work as a team. Between being in the same office and a shared electronic record, formal and informal communication is easy, efficient, and frequent. My office visits with patients who are seeing the therapist are often much more efficient by virtue of this communication.”

Wendy Saunders, M.D. Pediatrician

CARING FOR ALL OF YOU
The Integrated Primary Care Project

Financial Outcomes

- Increased efficiencies
- Cost savings by shorter treatment episodes
- Cost offset by less ER usage
- Increased PCP productive time
- Early access helps avoid more expensive episodes

What’s Next

- Further expansion of telepsychiatry
- Replicate the model in other regions with consultation and support
- Continue to gather & monitor clinical metrics
- Use project cost models to highlight efficiencies and cost savings
- RECIPROCAL INTEGRATION: Primary care at the community mental health center!

Positioning for the Future

Integrated primary care provides the healthcare delivery model of the future: PATIENT FOCUSED, COLLABORATIVE, and HOLISTIC. It provides a viable model to meet the challenges of Accountable Care and Health Care Reform, including the strengthening of strategic alliances, and patient centered care that is high quality and cost effective.

Serving Maine people for 60 years

For more information about our model and consultation services, contact Catherine Ryder, Executive Director at 207.783.9141 or visit us at www.tcmhs.org
Sample IPC Final Celebration Invite

Date

Name
Address
City, St, zip

Dear ,

Three years ago Tri-County Mental Health Services and our partners at Central Maine Healthcare launched a project aimed at changing the way people in Western Maine receive healthcare. The innovative project was funded by the Maine Health Access Foundation, and brought behavioral health providers into primary care environments to deliver truly integrated care. Since then, hundreds of people have experienced the benefits of more holistic treatment.

We are exceedingly proud of the work we have done with our partners at Swift River Family Medicine, Elsemore Dixfield Family Medicine, and River Valley Internal Medicine, and invite you to join us as we celebrate and review our achievements. You will hear from medical and mental health providers as well as consumers who have become empowered and energized through this project.

When: Wednesday, December 21, 4pm – 6pm
Where: Tri-County Mental Health Services, 49 Congress Street, Rumford
RSVP before December 16 by calling Pam at 369-1194

I look forward to seeing you there!
Sincerely,
Catherine R. Ryder/MeHAF Project Lead
Tri-County Mental Health Services Executive Director
Section 6:

Metrics
PATIENT QUESTIONNAIRE: PHQ-9
Nine Symptom Checklist

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Feeling down, depressed, or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Trouble falling/staying asleep, sleeping too much</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>d. Feeling tired or having little energy</td>
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<tr>
<td>e. Poor appetite or overeating</td>
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<tr>
<td>f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down</td>
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<tr>
<td>g. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<tr>
<td>h. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>i. Thoughts that you would be better off dead or of hurting yourself in some way</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?
   □ Yes  □ No

3. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Not difficult at all</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY: ________ Total Score

THIS QUESTIONNAIRE MAY BE PHOTOCOPIED FOR USE IN THE PHYSICIAN OFFICE.
Copyright Pfizer
Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several Days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Being so restless that it's hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*Add the score for each column*

Total Score *(add your column scores)* =

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ________
Somewhat difficult ________
Very difficult ____________
Extremely difficult ________

The Alcohol Use Disorders Identification Test (AUDIT),
Developed in 1982 by the World Health Organization, it is a simple way to screen and identify people at risk of alcohol problems.

1. How often do you have a drink containing alcohol?

(0) Never (Skip to Questions 9-10)  
(1) Monthly or less  
(2) 2 to 4 times a month  
(3) 2 to 3 times a week  
(4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) 1 or 2  
(1) 3 or 4  
(2) 5 or 6  
(3) 7, 8, or 9  
(4) 10 or more

3. How often do you have six or more drinks on one occasion?

(0) Never  
(1) Less than monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

(0) Never  
(1) Less than monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

(0) Never  
(1) Less than monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or almost daily
6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

(0) Never  
(1) Less than monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or almost daily

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

(0) Never  
(1) Less than monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

(0) Never  
(1) Less than monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

(0) No  
(2) Yes, but not in the last year  
(4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

(0) No  
(2) Yes, but not in the last year  
(4) Yes, during the last year

Add up the points associated with answers. A total score of 8 or more indicates harmful drinking behavior.
# Pediatric Symptom Checklist (PSC)

Today's Date: ___________  Child's Name: ___________  Date of Birth: ___________  Grade: ___________
Completed by: ___________  Relationship to child: □ Parent  □ Other: ___________

**Directions:** Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions.

Please mark under the heading that best describes your child

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complains of aches and pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Spends more time alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Tires easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Fidgety, unable to sit still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Has trouble with teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Less interested in school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Acts as if driven by a motor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Daydreams too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Distracted easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Is afraid of new situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Feels sad, unhappy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Is irritable, angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Feels hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Has trouble concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>18.</td>
<td>School grades dropping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Is down on him or herself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Visits the doctor with doctor finding nothing wrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Has trouble sleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Worries a lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Wants to be with you more than before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Feels he or she is bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Takes unnecessary risks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Gets hurt frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Seems to be having less fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Acts younger than children his or her age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Does not listen to rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Does not show feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Does not understand other people's feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Teases others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Blames others for his or her troubles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Takes things that do not belong to him or her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Refuses to share</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N  ( ) Y
Are there any services that you would like your child to receive for these problems? ( ) N  ( ) Y

If yes, what services? ________________________________
### Home and School Impairment Scale

**Today's Date:** ________ **Child's Name:** ____________________________ **Date of Birth:** ________ **Grade:** ________

**Directions:** For each of the Domains of Functioning listed in the left column, please circle the number (1-5) that best describes your child's degree of impairment.

<table>
<thead>
<tr>
<th>Home Impairment</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How much do your child's symptoms</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>interfere with (impair) the ability to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>follow home rules, parents'</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>commands, or general behavioral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>expectations?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interpersonal Relationships</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How much do your child's symptoms</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>interfere with (impair) the ability to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>form and maintain positive peer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>relationships?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotions</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How much do your child's symptoms</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>interfere with (impair) the ability to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>express or control emotions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How much do your child's symptoms</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>interfere with (impair) the ability to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>perform daily home responsibilities and tasks?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Impairment</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How much do your child's symptoms</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>interfere with (impair) the ability to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>follow school rules, teachers' commands, or general behavioral expectations?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How much do your child's symptoms</td>
<td>4</td>
<td>5</td>
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<tr>
<td>interfere with (impair) the ability to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>perform daily school responsibilities and tasks?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Pediatric Symptom Checklist – Youth Report (Y-PSC)**

**Today’s Date:** __________  **Your Name:** __________  **Date of Birth:** __________  **Grade:** __________

Please mark under the heading that best describes you:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complain of aches and pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Spend more time alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Tire easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Fidgety, unable to sit still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have trouble with teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Less interested in school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Act as if driven by a motor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Daydream too much</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Distract easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Are afraid of new situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Feel sad, unhappy</td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>Are irritable, angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Feel hopeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Have trouble concentrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Less interest in friends</td>
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<tr>
<td>18.</td>
<td>School grades dropping</td>
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<td>19.</td>
<td>Down on yourself</td>
<td></td>
<td></td>
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<tr>
<td>20.</td>
<td>Visit the doctor with doctor finding nothing wrong</td>
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<td>21.</td>
<td>Have trouble sleeping</td>
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<td>22.</td>
<td>Worry a lot</td>
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<td>23.</td>
<td>Want to be with parent more than before</td>
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<td>24.</td>
<td>Feel that you are bad</td>
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<td>25.</td>
<td>Take unnecessary risks</td>
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<tr>
<td>35.</td>
<td>Refuse to share</td>
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<td></td>
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</tbody>
</table>

Do you have any emotional or behavioral problems for which you would like help?  ( ) N  ( ) Y

Integrated Primary Care Toolkit 83
HOW ARE WE DOING?
Consumer Satisfaction Survey

1) My appointments are scheduled at a time convenient for me.
   □ Strongly Agree
   □ Agree
   □ Neither Agree nor Disagree
   □ Disagree
   □ Strongly Disagree

2) I am treated with courtesy and respect.
   □ Strongly Agree
   □ Agree
   □ Neither Agree nor Disagree
   □ Disagree
   □ Strongly Disagree

3) Do you feel that we are helping you?
   □ Definitely Yes
   □ Probably Yes
   □ Maybe
   □ Probably Not
   □ Definitely Not

4) How satisfied are you with your counselor or case manager?
   □ Very Satisfied
   □ Somewhat Satisfied
   □ Neither Satisfied nor Dissatisfied
   □ Somewhat Dissatisfied
   □ Very Dissatisfied

5) Are our services meeting your needs?
   □ Definitely Yes
   □ Probably Yes
   □ Maybe
   □ Probably Not
   □ Definitely Not

6) If I needed help in the future, I would come back to Tri-County Mental Health Services.
   □ Definitely Yes
   □ Probably Yes
   □ Maybe
   □ Probably Not
   □ Definitely Not

7) I would recommend Tri-County Mental Health Services to others needing help.
   □ Definitely Yes
   □ Probably Yes
   □ Maybe
   □ Probably Not
   □ Definitely Not

8) Generally speaking, my overall experience with Tri-County Mental Health Services is:
   □ Very Satisfactory
   □ Somewhat Satisfactory
   □ Neither Satisfactory or Unsatisfactory
   □ Somewhat Unsatisfactory
   □ Very Unsatisfactory

9) Staff at Tri-County Mental Health Services asked me whether I had ever been physically or sexually abused.
   □ Definitely Yes
   □ Probably Yes
   □ Maybe
   □ Probably Not
   □ Definitely Not

10) I feel safe talking with staff here about my experiences with abuse or violence.
    □ Definitely Yes
    □ Probably Yes
    □ Maybe
    □ Probably Not
    □ Definitely Not

11) Staff have asked me about any current threats to my safety.
    □ Definitely Yes
    □ Probably Yes
    □ Maybe
    □ Probably Not
    □ Definitely Not

12) Staff have asked me about my personal goals and strengths.
    □ Definitely Yes
    □ Probably Yes
    □ Maybe
    □ Probably Not
    □ Definitely Not

13) Staff here have worked with me on developing the skills I need to achieve my goals.
    □ Definitely Yes
    □ Probably Yes
    □ Maybe
    □ Probably Not
    □ Definitely Not
14. I have been able to address issues related to abuse and violence with staff at Tri-County Mental Health Services.
   - Definitely Yes
   - Probably Yes
   - Maybe
   - Probably not
   - Definitely Not

15. Staff here have helped me head off crises in my life by dealing with things before they get too bad.
   - Definitely Yes
   - Probably Yes
   - Maybe
   - Probably not
   - Definitely Not

16. I have a choice in the kind of services I get here at Tri-County.
   - Definitely Yes
   - Probably Yes
   - Maybe
   - Probably not
   - Definitely Not

17. I have felt safe and comfortable when coming to Tri-County for services.
   - Definitely Yes
   - Probably Yes
   - Maybe
   - Probably not
   - Definitely Not

18. Staff members here are helping me to recover from the traumas (like abuse and violence) I have experienced in my life.
   - Definitely Yes
   - Probably Yes
   - Maybe
   - Probably not
   - Definitely Not

19. What additional services would you like to receive here?
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
Physician Satisfaction Survey

The successful Integration of Primary Care and Behavioral Health is very important to us. Please take a few moments to complete this survey to tell us your experience. Your feedback is critical to help ensure we are meeting our ongoing Quality Improvement Goals. For each question choose the answer that best applies to you.

1. Please indicate the geographic area that you work closest to:
   - Location 1
   - Location 2

2. In your experience does co-location of primary care and behavioral health providers reduce the time you need to spend with a patient on behavioral health issues?
   - Yes
   - No
   - Somewhat
   - N/A

   Additional Comments:

3. Is there an increase in collaboration/continuity of care between the health care provider and the behavioral health provider?
   - Yes
   - No
   - Somewhat
   - N/A

   Additional Comments:

4. Do you have a higher level of patient adherence and retention in treatment as a result of Integrated Care?
   - Yes
   - No
   - Somewhat
   - N/A

   Additional Comments:

5. Is it your experience that full access and data entry into the Electronic Health Record by all providers improves patient care?
   - Yes
   - No
   - Somewhat
   - N/A

   Additional Comments:
6. Has co-location of primary care/behavioral health providers reduced the number of referrals to emergency departments for evaluation for behavioral health presentations?

- Yes
- No
- Somewhat
- N/A

Additional Comments:

7. Has integration improved patient's access to behavioral health services?

- Yes
- No
- Somewhat
- N/A

Additional Comments:

8. Is it your experience that integration allows for interventions that are more holistic?

- Yes
- No
- Somewhat
- N/A

Additional Comments:

9. Do you have needed access to the behavioral health provider for "warm hand off" [directly introducing the patient to the behavioral health provider at the time of the patient's medical visit]?

- Yes
- No
- Somewhat
- N/A

Additional Comments:

10. In your experience are patients more likely to follow through with referral to mental health/substance abuse services when those services are provided within the primary care clinic?

- Yes
- No
- Somewhat
- N/A

Additional Comments:
11. Is it your experience that patients are satisfied with the integrated model of care?
- Yes
- No
- Somewhat
- N/A

12. Are you more comfortable managing psychotropic medications as a result of having psychiatric consultation on site?
- Yes
- No
- Somewhat
- N/A
## Physician Satisfaction Survey Results

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Answer Options</th>
<th>RESPONSE PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1. Please indicate the geographic area that you work closest to:</td>
<td>Rumford</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>Bridgton</td>
<td>75.0%</td>
</tr>
<tr>
<td>#2. In your experience does co-location of primary care and behavioral health providers reduce the time you need to spend with a patient on mental/substance abuse issues?</td>
<td>Yes</td>
<td>75.0%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8.0%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>17.0%</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS for question #2**

It has been very helpful to myself and the pt to have a counselor in office for immed concerns instead of sending the pt directly to the ED for a long and costly evaluation.

Rather than decrease my time with a patient it offers me an option for referral right in my practice, which patients are accepting of.

The availability is spotty at best, and the services offered are not really effective long term.

| #3. Is there an increase in collaboration/continuity of care between the health care provider and the behavioral health provider? | Yes | 84.0% |
| | No | 8.0% |
| | Somewhat | 8.0% |
| | N/A | |

**ADDITIONAL COMMENTS for question #3**

There was but without access to a physician it has not been as helpful

I find working with outside professionals there is rarely any communication surrounding patient care.

CRISIS is helpful, though honestly, having a psychiatrist is where the most benefit would be attained.

| #4. Do you have a higher level of patient adherence and retention in treatment as a result of Integrated Care? | Yes | 75.0% |
| | No | |
| | Somewhat | 17.0% |
| | N/A | 8.0% |

**ADDITIONAL COMMENTS for question #4**

Pts appreciate being able to see the counselor in the office esp. when it is coordinated with the PCP visit.
### Question #5
Is it your experience that full access and data entry into the Electronic Health Record by all providers improves patient care?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>100.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS for question #5**
Just need patients to actually have access to mental health care providers
We are able to work together and collaborate to meet the needs of our patients

### Question #6
Has co-location of primary care/behavioral health providers reduced the number of referrals to emergency departments for evaluation due to mental health/substance abuse presentations?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>75.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>8.5%</td>
</tr>
<tr>
<td>Somewhat</td>
<td></td>
<td>8.5%</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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</tbody>
</table>

**ADDITIONAL COMMENTS for question #6**
Without stable long term psychiatric care, all CRISIS will do is create burnout in that occupation, and continue dropping weight needlessly on PCP's.

### Question #7
Has Integration improved patient's access to behavioral health services?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>75.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>8.5%</td>
</tr>
<tr>
<td>Somewhat</td>
<td></td>
<td>16.5%</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS for question #7**
Until we lost access to physician services for mental health.
This is the most striking benefit to date.
I have many patients that are receiving outside behavioral med counseling through tricounty-but if they are already being seen there can't be seen here…also still finding getting assistance with med management/formalizing dx with psychiatrist tedious at best.
Would still like to have an easier path for Pysch referrals.
Access is limited, especially given the psychosis in this region.

### Question #8
Is it your experience that integration allows for interventions that are more holistic?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>67.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>8.0%</td>
</tr>
<tr>
<td>Somewhat</td>
<td></td>
<td>8.0%</td>
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<tr>
<td>N/A</td>
<td></td>
<td>17.0%</td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS for question #8**
Holistic therapy is all but useless in this region.
#9. Do you have needed access to the behavioral health provider for "warm hand off" [directly introducing the patient to the behavioral health provider at the time of the patient's medical visit]?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Somewhat</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.0%</td>
<td>40.0%</td>
<td>40.0%</td>
<td>60.0%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS for question #9**

No, as the behavioral health provider and I do not work on the same days. She is able to get new patients in quickly.

#10. In your experience are patients more likely to follow through with referral to mental health/substance abuse services when those services are provided within the primary care clinic?

<table>
<thead>
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**ADDITIONAL COMMENTS for question #10**

Less stigma than going to the ED, which is a very public area, or having their vehicle seen at TCMH parking lot, again a very public area.
Easier to hold pt's accountable, easier for pt's to make apt's all in one place.
We tend to do a better job as most patients don't have a strong need for therapy, unless its substance abuse based…
Feel like less stigma associated with appointment here than at a mental health clinic, pt feels more comfortable.

#11. Is it your experience that patients are satisfied with the integrated model of care?

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**ADDITIONAL COMMENTS for question #11**

Kim (at NBFP) has been great, pt's love her, sad that she is leaving

#12. Are you more comfortable managing psychotropic medications as a result of having psychiatric consultation on site?

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**ADDITIONAL COMMENTS for question #12**

Not getting any real assistance with this at all.
We do not have on site psychiatric evaluation but that would be invaluable.
This is the aspect that we are currently missing … for those that truly need med management we need better access to psychiatrist.
I don't know anyone in your venue who DOES manage psychotropic medications.
We don't have med mgmt on site, but do have LCSW
Thank you to Maine Health Access Foundation (MeHAF) for your visionary support